PHILADELPHIA MEDICAL TIMES.

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No. 518. OCTOBER 1, 1887. VOL. XVIII.

CLINICAL LECTURE.

BY JOHN H. PACKARD, M. D.,

Surgeon to the Pennsylvania Hospital and to St. Joseph's Hospital, Philadelphia, etc.

Delivered at the Pennsylvania Hospital, April 23, 1887.

[Reported for the PHILADELPHIA MEDICAL TIMES.]

Case 1.—Caries of the Astragalus; Excision.

I shall exhibit to you this morning two cases of caries of the astragalus, upon one of which I shall operate, leaving the other to be dealt with next week. The latter I now show you. The patient is a boy of 16 years, slender and delicate looking, but without other local disease than that of the right ankle. According to his account, this was caused by a sprain something over a year ago.

The outer side of the joint is, as you see, somewhat tensely swollen, discolored and œdematous. Note that this is not the ruddy tumefaction of acute inflammation; the tissues are infiltrated with the products of a slow inflammatory process in the bones and fibrous structures. Upon comparison with the unimpaired left ankle, you perceive at once the absence of the well defined prominence of the malleolus, the outline of which is obscured by the filling up of the surrounding soft parts. At the inner side of the diseased joint there is seen the opening of a small sinus from which a thin puriform liquid exudes. There is not very much pain or tenderness in the part, except on compression of the astragalus either from above downwards, as in bearing his weight on the foot, or from side to side, as when I squeeze it between my thumb and finger. Such compression gives rise to a peculiar and very distressing sickening sensation, like that caused by touching a carious tooth. His sleep is often disturbed by starting and jerking of his leg and foot, irregular muscular movements being excited by the irritation of the diseased bone.

For this state of things, in days not very long gone by, amputation was the only remedy known; but no modern surgeon would think of resorting to such a mutilation without previously attempting to save the foot by the removal of the diseased part, whether the astragalus alone be involved, or along with it portions of the adjoining tarsal bones.

We shall keep this boy at rest, and build up his strength with suitable tonics and nutriment, during the coming week; at my next clinic I shall probably operate upon him.

I now bring before you the other patient, a colored boy 13 years of age, who presents an almost identical condition of his right ankle. Some of you will remember that on March 12th, just six weeks ago, I removed an enormous sequestrum, or mass of dead bone, from the left femur of this same boy. The vast cavity which you then saw is slowly but steadily filling up, and he has no trouble arising from it.

Now this boy has no recollection of having sustained any injury either

of his left thigh or his right foot, but thinks he "took cold." I need scarcely tell you that this popular phrase for a familiar but very little understood pathological process explains nothing. Perhaps it is but a small advance toward an explanation when I say that the condition here presented is a local manifestation of struma, such as we often meet with in the negro race and in those who have any strain of negro blood.

Having decided to remove the carious portion of the tarsus, what is the best way to expose it? As there is already an opening on the inner side of the joint, it might seem as if the enlargement of this, and the laying open of the sinus to which it leads, would be the proper method. But we have here, just behind the malleolus, the posterior tibial artery, veins and nerve, as well as the tendon of the tibialis posticus muscle, and it is desirable to avoid injuring any of these structures. Of course they could be held out of the way with blunt hooks, but the simpler and safer plan is to approach the diseased bone from the outer side. I therefore make an incision from above and behind the outer malleolus, curving down below it; and then extending along the external aspect of the foot. The soft parts are freely divided down to the bone, which I at once perceive to be much softer than normal. With a strong, massive bone-knife, I now cut into the body of the astragalus, which is degenerated, and infiltrated throughout with dirty and ill-smelling pus. With a steel elevator I break up and pry out the bone, guiding the instrument with the forefinger of my left hand. Now and then you perceive portions of incrusting cartilage upon the pieces removed. I work freely, taking away any softened and broken-down bone I encounter, and find that the whole of the astragalus, the posterior portion of the scaphoid, and a small part of the calcaneum, are involved. My finger passes now quite across the space left by the removed bone, and its tip feels the pulsation of the posterior tibial artery, lying undisturbed at the inner side of the ankle. Sweeping it around, it comes in contact only with hard, sound bone.

Note, if you please, that there has been no bleeding of any account, although no Esmarch bandage or other controlling appliance was used. I did not think any such precaution necessary.

It only remains now for us to dress the wound. A small, rubber drainage-tube, freely perforated, is passed through from one side to the other. Powdered iodoform is dusted into the cavity. The wound is now carefully closed, except where the drainage-tube passes out; the protective, iodoform and cotton are applied as you are accustomed to see them, and a gauze-bandage secures the whole.

The leg and foot are steadied by means of an angular splint, and we may now confidently look for a satisfactory result.

Case 2.—Amputation at the Hip-Joint.

This case is one of far greater gravity. It is that of the man, aged 27, from whom in December last my colleague, Dr. Morton, excised the head of the femur for necrosis, the result of injury. Since this operation, a suppurating cavity has existed between the sawn end of the shaft of the femur and the acetabulum, which is itself the seat of disease. Pus flows abundantly from several large sinuses opening on the outer and inner surfaces of the thigh. This discharge is a very serious drain upon his strength. By the free administration of tonics, with as much nutriment as his stomach could bear, we have kept him up and brought him into as good condition as possible; but there is no chance of further improvement while there is such a tax upon his forces, and the local condition is beyond remedy.

We therefore propose to remove the limb, with the diseased portions of the acetabulum, in the hope that the man may be able to recover his general health upon being freed from the burden he now carries.

This procedure will be facilitated by the previous removal of the head of the bone; and the patient's long confinement to his bed has established in him a certain tolerance which will in a measure lessen the risk of shock; yet, as he is well aware, the chances against

his recovery are very great. He will never be in any better condition to undergo the operation, and cannot get well without it.

I am sorry to learn from the residents that this man "takes ether badly." He comes under its influence slowly, with a stage of great excitement, followed by severe depression and occasional cyanosis. Hence it is desirable to keep him in the state of anæsthesia for as brief a period as possible, and to avoid any needless loss of blood.

As a precautionary measure, I have an assistant compress the artery as it passes over the pubic bone; and now I enlarge the sinus at the inner side of the thigh, close to which I feel the artery pulsating. Around this vessel I pass a ligature, using a small, blunt, strongly-curved needle in a holder. Catching the free end of the needle with a pair of forceps, and detaching the holder, I draw the needle through and the ligature is ready to be tied. Next I secure the deep femoral in the same way; and there will now be no bleeding from branches of the external iliac artery.

The next step is to complete the anterior flap; then, passing a large and long knife behind the bone, I cut downwards so as to form the posterior flap. A few vessels, branches of the internal iliac, spring, but are instantly caught and tied.

It only remains to gouge away the diseased portions of the acetabulum and to curette the flabby granulations which have lined the sinuses, and the stump is ready to be closed and dressed.

A large drainage-tube is laid at the bottom of the wound, in the angle between the flaps, which are carefully apposed and sutured. The dextrinated protective is laid along the line of the wound; powdered iodoform is freely applied upon folded gauze, and the whole is covered in with a layer of sublimated cotton, and by a gauze bandage.

During the operation the pulse has several times been flagging and intermittent, and the breathing irregular and interrupted. Hypodermic injections of tincture of digitalis and of whiskey have been effective to some extent in correcting these conditions; but the patient's state is not encouraging. He will be kept with his head as low as possible, to lessen the danger of syncope and heart-clot; and his removal to his bed must be effected with the utmost possible care.

[The unfortunate man never fully reacted, but died in about four hours, from the shock of the operation, combined, possibly, with the effect of the anæsthesia.]

ORIGINAL COMMUNICATIONS.

AN ADDRESS IN MEDICINE.

BY A. B. ARNOLD, M. D.,
of Baltimore.

[Read before the Section on General Medicine, I. M. C.]

THE occasion, which gives me the privilege of addressing an assemblage of distinguished representatives of our profession, appears to me not inappropriate to cast a retrospective glance at the movements which exert a dominant influence on medical practice of the present day. An inquiry concerning the extent and value of our therapeutical resources under changing circumstances, even if very imperfectly carried out, may not be deemed wholly uninteresting to the reflecting physician. The remarkable acquisitions of comparatively recent date in the different departments of medicine,—but more especially the high degree of precision which medical diagnosis has attained, and the invaluable contributions of pharmacology by which therapeutics has entered the ranks of the exact sciences,—could not fail to tell heavily on many a traditional method of treatment and to weaken confidence in the efficacy of many a reputed remedy. Every cheer from our modern laboratories that hailed some brilliant discovery in the domains of physiology and pathology, helped to unsettle the faith of the practitioner in the current system of therapeutics. It is an historical fact that Morgagni's and Rokitansky's revelations of the secrets of morbid anatomy caused such a thorough distrust, at least in Germany, of the official university teaching of medical science, that skepticism and nihilism became the fashion among the younger members of the profession. How could

they, it was asked, still continue to direct their drugs to the cure of degenerations and destroying lesions, being without any therapeutical means of controlling or arresting tissue changes? It was, of course, a substantial gain when forward speculations and dogmatism gave way to the true method of scientific investigation. Men of a practical turn of mind were at first little influenced by the new acquisitions which appeared to demand a recast of accepted pathological theories. Others were loath to break with the continuity of medical doctrines on which the routine of practice was founded. But the strength of the influence which advanced views had exerted is best illustrated by the disgrace that befell the most universal and potent remedy, one which had the sanction of centuries of experience. Such was the fate of the lancet. It certainly does not require the demonstrations of pathological anatomy to show that there are incurable diseases; neither is it rational to underrate the value of therapeutical measures in deference to the microscope. The enlightened practitioner knows very well that the tentative and progressive spirit of science must inevitably cause fluctuations in theory and practice; but he is also convinced that medical art is in possession of sound and substantial means which enable him amidst all these changes to meet successfully numerous and dangerous deviations from health. A candid and competent criticism is evidently the only safeguard against the overweening confidence in favorite therapeutical measures, as well as the best corrective of an irrational skepticism. As little as I am prepared to engage in such a task, it is nevertheless clear to my mind that it should embrace the subjects which I propose to touch upon, though at the risk of rehearsing what has been far more ably presented by others.

If there is one class of diseases of a well-defined character in which unanimity of treatment might be fairly expected, one would suppose it to be the large group of acute febrile diseases which are self-limiting, or rather show a tendency towards spontaneous recovery,—*sit venia verbo.* I think I do not exaggerate when I say that there is an English, a French, a German, an Italian, a Spanish and an American treatment of fevers. Statistical tables showing the rates of recoveries under different modes of treatment would lend themselves to no satisfactory decision; for the variable conditions and circumstances that influence the mildness or gravity of these diseases would obviously vitiate the result of a comparative calculation. It may, however, be safely asserted that the rate of mortality in fevers in general has steadily diminished during the last three or four decades. In order to narrow the compass of the inquiry in regard to the cause or causes to which this improvement is to be attributed, it will be convenient to consider the therapeutics of typhoid fever. Now and then the medical world is tantalized for a short period by the promise of aborting this disease by a special manner of treatment. A far more hopeful event is the unabated effort to discover some remedial agent for subduing the febrile movements. Nearly all the so-called antipyretics, which have lately come into use, unfortunately possess the common property of overwhelming important nerve centres, when administered in adequate and continual doses. The artificial depression of the respiratory, the circulatory and thermic centres, cannot be contemplated with indifference in patients struggling against the onslaughts of the fever poison. With all due deference to the favorable reports in regard to the fever treatment by these remedial agents, stronger proof than we possess is required to establish the reputation of their efficacy. If the elevation of temperature and the acceleration of the pulse constituted the only essential elements of the fevers and not merely their most prominent and constant symptoms, then the employment of antagonistic remedies might be reasonably considered to approach the character of a curative treatment. For the time being it must be admitted that the search for a rational therapeutics in the infectious fevers will be governed by the effort to alight upon some agent or agents that will control the febrile movements. Perhaps our successors will be more fortunate than we in the

endeavor to discover the antidotal treatment of fevers. Hyperpyrexia itself is undoubtedly a source of danger, and deserves for this reason the most unremitting efforts to combat it with safety to the patient. Among all the measures adopted to this end, none seems to answer so well as the judicious abstraction of heat from the surface of the body. The promptness with which the cold water treatment fulfils this important indication is undeniable; and if the harsh method of its employment be avoided, it cannot be said to prove meddlesome, aggressive or *hazardous*. Those who favor a so-called active treatment in acute fevers, should be reminded of the history of the treatment of pneumonia, which reads like a commentary on mischievous officiousness. We moderns are no longer swayed by the fear of momentary disaster to attack a pneumonia with all the therapeutical fierceness at our command. Trousseau candidly confessed that long ago he "was tempted to leave nature to bring to a favorable issue the disease against which we are all disposed to act so vigorously, but that he had not dared yet to act."*

Our exuberant Materia Medica is somewhat to blame for the fashion of piling drugs upon drugs, though it might be asked, what are they good for if not prescribed? But inconsiderate medication is principally due to the false conception of what constitutes "expectant treatment." The old physicians are often criticised for their crude theories of disease and their easy faith in accredited remedies. As an offset, however, they taught certain practical maxims which no physician of the present day can afford to neglect. They advised "to watch the complications; to attend to the secretions; to support the patient and to obviate the tendency to death." These excellent precepts contain the very gist of the "expectant treatment." In view of the limits of our therapeutical resources in the acute fevers, such a plan of treatment seems the only rational one, and suffices to satisfy professional conscience. There is one part of it which is absolutely remedial and productive of positive good. This must be conceded to faithful and skilful nursing, including a well-ordered diet and the strict observance of hygienic rules. The physician who has a profound respect for the recuperative powers of nature under favorable circumstances, will be extremely careful in the use of any coercive measures. There is a conservative Medicine as well as a conservative Surgery.

It is rather late in the day to discuss the supreme importance of hygiene and sanitation; not only as prophylactic measures, but also as invaluable adjuvants of therapeutics. Preventive medicine, which has now been fairly inaugurated, is the great glory of our profession in these days, an event which will be signalized as the dawn of a new epoch in the history of our art. The remarkable improvement which is sometimes witnessed in diseases of a fatal tendency in consequence of a mere change of regimen, diet and general mode of living, is calculated to make a deep impression on the medical observer. Balneology teaches many an instructive lesson of the same import. Vital statistics also tell a plain story. After giving due credit to improved methods of treatment, it must be admitted that a great share in the reduction of the death rate in modern times is attributable to the ameliorated condition of the less favored classes of the population, and the increased attention which legislation devotes to the comforts and health of the laboring masses. This question has lately given rise to an animated discussion outside the medical profession. The decrease in the morbidity of factory hands in the large and numerous establishments of England is, according to the reports of the Registrar General, mainly due to the passing of laws which diminish the hours of labor and prohibit the employment of children at a certain age. No other influence had a more decided effect in bringing about a change in the factory laws of that country than the constant agitation of this subject by the medical press.

The reminder to attend to the *indicatio causæ* comes now with a better grace than formerly, since microscopic

* Clinical Lectures. Introduction.

anatomy and the achievements of physiology enable the clinician to fill up many gaps in the interpretation of symptoms. Text-books have long ago dropped their separate chapters on dropsies, hemorrhages, jaundice, essential paralysis and the like. The work is still going on to change clinical into anatomical diseases. But therapeutics has not kept pace with these conquests. Our power of knowing is vastly in advance of our power of doing. The whole stock of our Materia Medica, with very few exceptions, consists of remedies which are avowedly employed either to palliate, to subdue or to evoke a symptom. The physicians of a past period thought they had a class of medicinal substances which influence nutritive changes. They called them alteratives, of which calomel held the first rank. Perhaps we have been too hasty in our disparagement of such a claim. Absolute causal treatment is, at any rate, the prerogative of surgery. Chirurgical art in modern times has wrested many an inch of ground from the domain of medicine. These conquests are limited to those portions of it, which had rightfully belonged to surgery, though surgery hesitated for a long time to take possession of them. Specialism, at least in the departments of ophthalmology, gynecology, and laryngology would have celebrated far fewer triumphs had it not been for the introduction of novel surgical procedures. We can appreciate the satisfaction with which the neurologist now contemplates the use of electricity as an important acquisition to his meagre therapeutical resources. It is significant that the remedial powers of this physical agent are solely due to its action in *loco morbi*. The general practitioner encounters his old foes now under the designations of sclerotic, cirrhotic, and other forms of degeneration, with far less confidence in his ability to cope with them than he formerly had. He cannot stand idly by until some lucky chance or a pharmocological wonder shall supply him with a specific; though he would probably give a whole volume on cellular pathology for a single compeer of quinine. He therefore continues to do precisely what his predecessors did under similar circumstances. He tries to relieve pain, to remove a dropsy, to check a hemorrhage and to improve a palsied limb, whatever may be the known or unknown cause. It is not only in cases belonging to the category of progressive and fatal diseases that a symptomatic treatment or even a crude empiricism is in its place; but necessities occur which urge the physician to strain the resources of his art for no other consideration than to afford momentary relief of only a single symptom. Traube's language on this subject is to the point. He says: "The endeavor to remove a symptom whose persistence endangers the life of the patient, or threatens to prolong a disease, or increases suffering, is as rational as any other therapeutical intention, provided the purpose can be accomplished." Sometimes a favorable change is produced, or the course of the disease is favorably influenced on successfully contending against a conspicuous symptom. The experience of every physician will coincide with this observation. Perhaps it is by a process, which may be recognized as reflex action, that symptomatic treatment not seldom brings a disease to a favorable issue. It is now generally believed that hydropathy chiefly owes its therapeutical effects through the reflex action of the vaso-motor nerves. There is an aspect of symptomatic treatment which may be conceived to go beyond its original intention. No valid reason can be advanced against the supposition that structural changes may be modified by remedies which exert a specific influence on the functional activities of organs.

Pathological theories despite their fluctuations will continue to control practice. The currency they gain in the medical world is generally accepted as the warrant of their truth. This will always be so, for theory and science are inseparable. Inexplicable facts do not constitute science. Post-mortem appearances become scientific facts, in so far as they lend themselves to the constructions of theories which profess to explain the seat and nature of the morbid processes that gave rise to them. The knowledge which is thus gained, although it may only be of a

theoretical kind, can be made available for practical use. Strange as it may sound, there is a surfeit of facts in medicine, and a dearth of good working theories. Bacterio-pathology, which is founded on a fair induction, is the most noteworthy theory which the industry and ingenuity of experimentation of modern cultivators of medical science has brought forth; though there are signs ahead that indicate a tendency to give it a too sweeping significance. Theories of disease based on the results of etiological investigations are certainly of pre-eminent value. Beyond question, etiology is the most obscure chapter in the whole of medicine; but its successful study is of incalculable practical importance.

That nature often cures diseases, expresses but an insipid truism. If we only knew how nature does cure! An acquaintance with her methods would offer the chance of supplementing them when they are deficient, or to evoke them into action when they are not forthcoming. Physio-chemical investigations have certainly disclosed many of the secrets of the *vis medicatrix naturæ;* and clinical medicine has always profited by the knowledge which they afforded. Many of the names applied by the old physicians to certain classes of remedies implied their supposed physiological effects. They had their excitants, depressants, eliminants, resolvents, revulsives and roborants. This classification is probably imperfect; but in principle it is sound. Every new insight into the nature of a physiological process brings into nearer view its pathological correlative, and suggests a fitting therapeutics. Thus the artificial preparation of peptonizing ferments and the adoption of an improved dietary, is due to the better understanding of the character and function of the gastro-intestinal secretions. The tendency at the present day towards "physiological medicines" has not escaped the criticism directed against experimentation in place of bedside observation. But the criticism is untenable; for it is not only requisite to know the therapeutical properties of the remedies we constantly employ, but it is also highly desirable to increase our stock of useful medicinal agents, and this is the best accomplished by experimentation. Moreover, it would conduce greatly to the honor and credit of medical science if the mystery surrounding the action of our specifics and empirical remedies were laid open to us. Were it not that the fallacy of the *post hoc* reasoning must always be taken into consideration, there would be no appeal from the dictum of personal experience in reference to the therapeutical value of any remedy. The extreme difficulty of entirely eliminating this fallacy, practically throws this demurrer out of court. The license which is thus conceded to the assertory judgment of the individual practitioner is one of the weakest points in therapeutical science. Virchow has somewhere remarked that therapeutics continues to be the only department of medical science which is tolerant of rubbish. Things have much improved since these words were written. Systematic writers should now be released from paying their kind regards to the faded reputation of many a drug which enjoyed the suffrage of our predecessors.

At one time it was thought that the numerical method offered the only trustworthy criterion of the comparative value of modes of treatment. Practice might then be reduced to the simple empiricism of selecting that therapy in a certain disease which had been found of greatest benefit in the largest number of cases. Science and art would occupy a very subordinate place in such a scheme of practice. The treatment on the average principle would reverse the rule of treating the patient and not the disease. The numerical method is nevertheless the only way of judging the rate of mortality under different plans of treatment. Apart from the variability of the extrinsic and intrinsic causes that influence the mildness or gravity of diseases, every destructive group of diseases is characterized by a constancy of morbid conditions. This sameness of the pathological factors in all the cases of the group neutralizes in a great measure the sources of error which are inseparable from the numerical method. It is therefore perfectly rational to give due weight to that line of treatment which shows a low death rate. Although medical art disposes now of a great

amount of solid knowledge, yet its practice continues to be guided by a preponderance of empirical rules. Moreover, tact and judgment constitute those personal qualities which, in medical art, as in any other art, are indispensable for the display of skill. It is hardly conceivable that medical science will ever attain that degree of perfection which would render it competent to formulate a system of practice which would leave little to the discretion of the physician. A certain independence of action will always be unconsciously exercised by the possessors of practical talent. Medical art in the hands of its brightest ornaments often assumes a character akin to the inspiration of genius. The display of diagnostic acumen, the mastery of difficulties and perplexities, and the promptness of decision in the presence of urgent realities, constitute accomplishments and performances that rival the proud achievements of co-workers in other departments of our profession. There is no walk in life demanding a greater amount and diversity in knowledge than the practice of medicine. But it is not only this wide range of studies and infinity of technicalities which the physician is called upon to make his own; clinical expertness requires the cultivation and exercise of the highest powers of observation and a deep psychological insight. In the discharge of his professional duties, he has to combine warm sympathies with the sternness of an unyielding authority. He has to remain honest even though a little charlatanry be required to secure the confidence of his patient. He has to exhibit a patience which nothing can exhaust, and has to compete with pretention and imposture. During his whole career usage imposes upon him a profound silence concerning his professional exploits. His heroism in facing the dangers he encounters is valued no higher than his fee. God bless the enlightened, conscientious, noble-hearted physician!

DISTINGUISHED VISITORS.—Profs. David Drummond, M. D., A. R. Simpson, of Edinburgh, and Dr. W. S. Greenfield, of London, addressed the students of Philadelphia, at the Chapel of the University of Pennsylvania, on the 28th and 29th ult., giving them familiar talks on ethical topics.

ON THE ETIOLOGY OF PHTHISIS.

BY R. W. PHILIP, M.D., F.R.C.P.E.
OF EDINBURGH.

[Read before the Section on General Medicine of the Ninth International Medical Congress, by Ralph Stockman, M. D., of Edinburgh]

IN the short time at my disposal I shall endeavor to give a brief résumé of a somewhat extended investigation with regard to the etiology of phthisis.

First of all, I must premise that the scope of the present paper is hardly indicated with sufficient strictness by the words, The Etiology of Phthisis. It is not my intention to discuss the morbid anatomy of the phthisical lesions, nor the dependence of the phthisical process on the presence of the tubercle bacillus, nor the important questions of heredity and of climatic and other influences, which bulk so largely in the etiological chapter.

For the present, I start with an acceptance of the doctrine of the unity of the phthisical process and of the immediate dependence of the process on the presence of the bacillus. The rigidly exact observations and experiments of Koch and others have, in my judgment, placed this beyond doubt. I prefer at least not to raise the question now. But in spite of the comparative fulness and clearness of our knowledge in these lines, it appears to me that we are far from a rational conception of the actual cause of death in phthisis. It was with the view of further elucidating this higher etiological problem that the present investigation was undertaken.

A glance through the literature of the subject reveals how seldom the attempt has been made to solve the problem, how comparatively seldom, indeed, the question has been raised. Where the matter has been discussed, explanations have been offered, which may be classified roughly under four heads, viz.: (1) progressive asthenia, (2) loss of hæmatosis, (3) the lighting up of fresh inflammatory foci, (4) the absorption of waste products. Now, I have no desire to depreciate the value of these as integral factors in the process. My contention is that, in view of the comparative regularity of the clinical phenomena and in the light of more recent work, they do not afford

sufficient explanation. Each of them was fully discussed prior to the discovery of the tubercle bacillus, and Jaccoud, more especially, has the credit of emphasizing the importance of the fourth, namely, the absorption of waste products. Since the announcement of the tubercle bacillus, comparatively little has been added in this direction, though the features and clinical course of an ordinary case of phthisis and those of experimentally induced tuberculosis are well defined and strikingly similar.

What, then, is the *modus operandi* of the tubercle bacillus in leading towards death?

Its fatal properties cannot, I think, be regarded as merely irritant or privative. In all probability they are attributable to a power possessed by it of elaborating new products, which are afterwards absorbed.

Before explaining on what facts I base that statement, I ought to mention that Dr. Hermann Weber has hinted at the probability of such elaboration and absorption. In the Croonian lectures (1885), Dr. Weber speaks of "the chemical poison which probably is originated by the development of the tubercle bacillus in the tissues in an analogous manner, as, according to the researches of Gaspard, Panum, Billroth, Burdon Sanderson and others, a powerful chemical poison—sepsin—is developed in the process of septicæmia." I am not aware, however, that up to the present any attempt has been made to treat the matter more seriously. Whether the suppositious product or products are secreted by the bacillus or are elaborated from the tissues which it infests, raises another question, which must be discussed later. It is enough, meanwhile, if we recognize the probable dependence of these new products on the presence and action of the bacillus.

Such a process of elaboration or secretion has its analogue in the more evident varieties of fermentation, which have been studied by Pasteur, Schutzenberger and others; for example, the alcoholic, the lactic acid, the butyric acid and the ammoniacal. More particularly the view appears to me substantiated by the following weighty evidence. The association of special forms of microzymes with special forms of fermentative action has been conclusively demonstrated by Pasteur and a large school of subsequent observers. A distinct variety of fermentation as certainly follows the admission into a suitable medium of a given microbe, as the exclusion of the same microbe excludes the possibility of its occurrence. Further, the rearing of pure cultivations has shown that different effects are obtained, though some of the observations in this direction are open to question; and certainly marked differences in the rate of growth are observed, according to the constitution of the medium in which the cultivation is attempted, while certain organisms are most exclusive in their selective affinities. Moreover, if the same medium, say Koch's gelatine, be utilized for the cultivation, in different tubes, of different microparasites, the effects produced on the medium are very different in the several instances. Even in the gross, such differences, for example, in the rate and amount of liquefaction in the production of certain gases are marked. And it is in the highest degree probable that careful examination of the medium after cultivation has been carried on for some time would show important alterations in its chemical constitution, as occurs in the better known forms of fermentation. In other words, the living organism has the power of disturbing, or rather, in order to the preservation of its own life, the organism is compelled to disturb, the molecular arrangement of the elements in the medium of cultivation.

These considerations open up a wide and promising field for investigation. This appears to me the aspect of bacteriological observation, which is pregnant with most results. In illustration of this, the work of Panum, Selmi, Gautier, Brieger, Beymann and Schutzenberger need only be cited.

In practically applying this hypothesis to the problem of phthisis, I directed my attention first of all to the urine. The results obtained, which have been given elsewhere, were not sufficiently definite in character to warrant their citation here. Examinations of por-

tions of the diseased organs or of their glandular appendages was abandoned, as it was found impossible to have these sufficiently fresh to avoid the objections that would inevitably assail successful results so obtained. This led to the adoption of the sputum as the *materies morbi* for investigation, and that, on the following, among other grounds:

(1.) The sputum is the constant accompaniment of the morbid condition, and stands in a peculiar relationship to the diseased organs.

(2.) It is always accessible in large quantity, fresh, and therefore as much as possible free from such contamination as might be supposed to introduce fallacy.

(3.) It has been shown that the maximum amount of the contagious element resides in the sputum.

(4.) Having regard to the conditions of growth of the tubercle bacillus, it seems likely that the muco-purulent secretion is a peculiarly good medium for cultivation.

(5.) It has been proved that tubercular sputum retains its virulence for months.

(6.) The presence of the tubercle bacillus can be comparatively easily determined, while with greater care, its relative abundance in different specimens may be gauged.

(7.) The sputum can readily be subjected artificially to similar conditions outside the body as within the chest.

(8.) Much of the experimental work already carried out with reference to tuberculosis has been done by the subcutaneous and intravenous injection of unaltered phthisical sputum (of the work of Villemin, Chauveau, Biefel, Veza, Semmes, Tappeiner, etc.).

(9.) Collateral evidence from the side of other ptomaine investigations seems to imply that the ready access of oxygen to the center of ptomaine production aids considerably in their rapid and abundant development.

[TO BE CONTINUED.]

AT THE PHILADELPHIA COUNTY MEDICAL SOCIETY on the 19th ult., a special meeting was called to hear Dr. F. W. Pavy, F.R.S., Senior Physician to Guy's Hospital, London, speak "On Some Morbid Conditions of the Urine;" Mr. Lennox Browne, F.R.C.S., Senior Surgeon to the Central London Throat and Ear Hospital, also spoke on "An Unrecognized Cause of Some Throat Ailments."

TREATMENT OF FRACTURE OF INFERIOR MAXILLARY BONE, BY A NEW APPARATUS.

BY CHAS. W. BROWN, M. D.,
of Elmira, N. Y.

[Read at the meeting of the Third District Branch of the New York State Medical Society.]

Fractures of the body of the jaw-bone are almost always compound, laceration of the mucous membrane and underlying tissues resulting from the fragments of bone being driven through the soft parts; hence there is liable to be suppuration, and the secretions of the mouth become very offensive from resulting decomposition.

When there is double fracture of the body of the jaw, the two lines of separation may be on the same side, or opposite sides of the symphysis. In the former case the intermediate fragment will not be as greatly displaced or as hard to keep in its proper position as in the latter.

And in many cases where the fracture of the jaw is either single or double, on account of muscular action, causing and keeping up displacement, it is found exceedingly difficult to maintain the fragments in apposition for any length of time even after they have been never so carefully adjusted.

A report of the following case will serve to illustrate the apparatus which was successful in securing the fragments in a case where it was not possible to retain the fractured bone in position for any length of time by the usual methods.

G. H., aged nineteen years, on December 29th, 1886, was riding on a dray, assisting to hold a piano that was being moved; the instrument was on its edge, and the driver went near the curb, so the piano tipped and threw the boy off, the instrument falling upon him, the edge of the piano struck the curbstone, which prevented it from falling flat upon the boy, or it would have killed him instantly. He was taken out and to his home, where I saw him a few moments after. On examination found the under jaw fractured diagonally through the body, on both sides of the symphysis, on the left side midway between the symphysis and the angle, the line of fracture extending from below upwards and backwards; the

fractured ends protruded through the soft parts and above the molar teeth, two of them on the left, and one on the right, were driven entirely out of their sockets. The right side was fractured a little in front of the left, and not quite as diagonal; the fragments were separated, so I could easily put my finger down between the fractured ends. When he closed his mouth as nearly as he could, the incisor teeth did not come together within more than half an inch. The chin was easily put in place, but the act of swallowing, or any movement of the muscles of the jaw whatever, would move the central fragment to the left half an inch, and the teeth back of their natural position nearly as far.

There was quite copious bleeding into the mouth from the wounds, and considerable shock.

The fractured surfaces were placed in as nearly their natural position as possible, and held there by an assistant, two strips of Mead's plaster were applied around the inferior edge of the jaw, extending around to the angle on either side; then a roller bandage of canton flannel two inches wide was applied under the chin, and passed around over the head, the fuzzy side out; this was carried around several times so it covered the whole surface of the jaw, from the lip, as far back under the chin as it could, and not interfere with respiration. Dental plaster was mixed to the consistency of thick cream, and a little salt added, then put on smoothly with the hands, over the whole surface of the jaw, extending up on either side above the ears, and then another layer of bandage over this, and plaster put on the same as before, until a thick solid splint was formed. The plaster hardened very soon, and was firm and smooth, but failed to hold the fractured bone together; the act of swallowing, or any movement of the muscles would produce the same displacement as before the plaster was applied, but not quite to the extent which it did when not supported by the splint. The fractured ends of the anterior fragment would rise up above the teeth on the posterior fragments, and the chin would move back of its natural position half an inch, even when the under jaw was held as firmly fixed to the upper as was possible to hold it. It was thought best to make forward extension, and to accomplish this, a piece of $\frac{1}{2}$ inch $\frac{1}{4}$ round iron 15 inches long, was bent to form a half circle, and holes punched through both ends; a piece of thin flat steel $1\frac{1}{2}$ inches wide and 9 inches long, was bent to the form of the back of the head, and perforated at both ends, then one end riveted to the centre of the other piece; the whole being wound with bandage, and a cotton pad sewed firmly to the upper end of the upright piece, and securely fastened to the bandage passing over the top of the head; then the ends of the circular

piece, sewed to the plaster splint on either side of the jaw; then a roller bandage carried around the forehead and around the back of the upright piece close down to the circular piece, and held down each time by a pin; this carried aroud five or six times, making the forehead the fixed point, the plaster splint was pushed upwards and forwards, and held the whole under-jaw firmly fixed to the upper, and the plaster being moulded under the jaw held it forwards in spite of the muscular force, wh ch constantly tended to draw it backwards.

A good idea of the apparatus is given by the cut, and shows it as applied to the patient. The splint produced no

particular discomfort, and did not interfere with the most free motion of the head. The mouth was frequently rinsed out with water and listerine, so the wounds in the gums healed without the usual fetid and irritating secretions. The nourishment consisted of fluids entirely, and was taken through the teeth, by the aid of a glass tube, without opening the jaws. The day after the injury, the face was enormously swollen, so both eyes were closed; the swelling gradually grew less, and in ten days had entirely disappeared. The apparatus was kept on as first applied, without any change whatever, for five weeks, when it was removed; the bone was firmly united on both sides, and there was no perceptible deformity. A bandage was put on to hold the jaws closed for a week longer to avoid danger of displacement.

I am not aware that an apparatus like this has ever been used, but believe it will be found a valuable addition to the numerous splints already at hand; and it will be found useful in all refractory cases of fractured jaw bones.

AN UNUSUAL CASE OF URINARY FISTULA.

BY NATHAN JACOBSON, M. D.,
Syracuse, N. Y.

[Read before the Third District Branch of the N. Y. S. M. S.]

A YOUNG man, Orville Barclay, aged 23, unmarried, a railroad employé, came under my care Nov. 22d, 1886. While crossing the New York Central tracks at the Palmyra station, Sept. 18th, 1882, he was struck upon the right nates by a passing engine and hurled thirty or forty feet; he was carried home unconscious and remained so two days. The late Dr. Kingman, and Dr. Ingraham, of Palmyra, attended him.

After urinating a single time, retention occurred; it was with the greatest difficulty he could be catheterized. As the patient recollects there was no urethral hemorrhage, excepting when the catheter was used; pain was most intense. After some weeks he occasionally succeeded in voiding his urine, especially when taking a sitz bath.

There was swelling and tenderness about the hip and groin from the first, but during the following December a localized painful swelling appeared in the right groin; the retention grew more obstinate. It was soon evident that a deep abscess had formed, which broke into the urethra, discharging a quantity of pus. Then a fragment of bone found its way out at the meatus.

Whenever, after this, retention occurred, the patient would find as he attempted to empty the bladder, that a tumor appeared in the right groin, which would disappear as the urine was discharged. At intervals during the succeeding two years eight or ten pieces of bone found their way out of, or were removed from the urethra by the attending surgeon. In April, 1883, another abscess opened in the groin and discharged a single sequestrum.

The right thigh had been swollen for sometime; in Feb., 1885, however, it had become very much inflamed and abscesses formed in its posterior portion; some of them were opened at different points between the gluteal fold and the knee. Others opened spontaneously. Through each of them, even the one in the popliteal space, pus and urine was discharged. As they would heal over or become occluded the patient would be seized with a chill and high fever. An examination of the thigh would show the formation of another abscess, which in proper time would break and leave temporarily a new urinary outlet.

Dr. E. M. Moore, of Rochester, saw him in consultation with Dr. Ingraham. The latter informs me that the doctor "at once said that there was fracture of the pelvic bone, to the right of the pelvic arch; that the bone was splintered and some of its fragments probably driven into the bladder or its wall, and afterwards sloughed out and were discharged through the urethra."

When seen by me, Nov. 22d, 1886, he was fairly well nourished and able to get about the house with a crutch. There was limited abduction and rotation outwards of the right thigh. He could not bear his weight upon his limb for any length of time. The thigh presented, about three inches below the gluteal fold, a fistulous opening placed in the midst of inflamed, indurated tissues.

The patient urinated every half-hour, and as he performed the act sitting he had not noticed that nearly all of the

urine was discharged through the fistula. As he micturated standing a few drops forced their way out of the penis, while a stream of some size was delivered from the fistula with sufficient force to be sent several feet from the body. Because of its tortuousity it was impossible to carry a probe into the fistula to any great depth.

The circumference of the penis was $3\frac{1}{2}$ inches; the glans presented a slight abnormality. A shallow fossa occupied the usual site of the meatus, the orifice itself being a simple slit that passed upwards from the corona.

The urethral calibre was 34 millimeters. With Otis's urethrometer contractions were discovered at $2\frac{3}{4}$ inches to 28 millimeters, at $1\frac{3}{4}$ to 30 and at 1 inch to 25. The meatus was contracted to 20. The entire urethra was irritable. A gum-elastic bougie of smallest size—the only instrument that I could carry into the bladder—grated against a roughened surface in the membranous urethra.

The urine was cloudy; upon standing it yielded a decided sediment, apparently largely mucus. It was acid, sp. gr. 1026, contained an excess of earthy phosphates; about 10 per cent. albumen indicated by Heller's test. Microscopically, an abundance of mucous globules, occasional uric acid crystals, amorphous phosphates and neutral phosphates of lime were seen.

On Nov. 25th, 1886, under cocaine anæthesia, I enlarged the meatus with a meatotome, and relieved the strictured bands in the spongy urethra, with Otis' urethrotome. The stricture at $2\frac{3}{4}$ inches proved to be extremely dense. A 34 Fr. bulb could now be passed to the bulbomembranous urethra. The bleeding was slight; ten grains of quinine were administered. That night the patient slept, for the first time since the occurrence of the accident, three hours uninterruptedly.

A straight sound, 34 Fr., was passed daily. For some days there was a steady decrease in the amount of urine discharged through the fistula and the patient was not obliged to urinate oftener than every three or four hours. My notes for Dec. 6th, 1886, read: "For 27 hours has not passed any urine through the fistula." On the 8th, however, the patient experienced his old febrile disturbance and a new abscess formed in the thigh. He also complained of pain darting through the thigh at the close of urination. The introduction of the sound to the membranous urethra was not only painful, but it was frequently followed by a rise in temperature. After this therefore the sound was only passed beyond the points cut.

The formation of new abscesses and fistulæ continued through the month of January and part of February. During this period attempts were made to carry an instrument into the bladder, a thing that had not been possible since the first examination. But it was impossible to traverse the channel with even a filiform bougie; a little more urine seemed to pass through the urethra.

During the latter part of February the thigh was less irritable and the patient was sent to St. Joseph's Hospital, Syracuse. Here, assisted by the other members of the staff and in the presence of the students of the College of Medicine, I performed perineal section, Feb. 28th, 1887. The patient was etherized and placed, as nearly as possible, in the lithotomy position. The parts were shaven. As the thigh could be only partially rotated outwards, the raphé could not be depended upon for a median incision. A steel sound could be carried only to the membranous urethra; here it met an obstruction which was plainly either bone or stone. The lithotomy staff with posterior groove could not be felt distinctly by the finger in the rectum, nor could it be pressed well up against the perineum. It therefore required some care to cut down upon the guide. Venous hemorrhage was quite profuse throughout the operation. But the groove in the staff was finally reached and the opening sufficiently enlarged. Removing the staff I discovered the scale of bone (here presented) lying transversely across the urethra. I had no difficulty in removing it with a bone forceps. It is, as you see, over $\frac{3}{4}$ of an inch long and almost $\frac{3}{8}$ of an inch wide; a second smaller fragment was also removed. Some dense fibrous bands were cut with a blunt bistoury. The canal, which was very rigid, was then

dilated with my index finger until I was able to pass a 34 Fr. sound into the bladder. A Jacques catheter was carried through the perineal wound; through it the bladder was irrigated with a bichloride solution 1 to 2000; one-third of a grain of morphine was given hypodermically, and in the evening 10 grs. of quinine were administered. The reaction was moderate.

As for weeks prior to the operation the quantity of mucus had increased, and the urine had become alkaline, of low spirit grade and rich in the triple phosphates, it was deemed best to retain the catheter in place. Through it the bladder was washed morning and evening with a solution containing three drachms of borax and one of salicylic acid to the quart. The catheter was each time removed and cleansed, so that no incrustation of urinary salts might occur. On March 4th a circumscribed erysipelatous blush appeared upon the thigh; the patient had a chill and some fever. Quinine and tr. ferri chloridi were prescribed; poultices were applied. The diet was restricted to acidulated milk. March 8th the temperature was normal and did not again exhibit any tendency to rise, while the thigh manifested a praiseworthy disposition to part, not only with its erysipelatous, but its other inflammatory features. April 6th the fistula was thoroughly closed.

The steel sound 34 Fr. was passed daily until April 14th, after which date it was passed only every third day. A generous liquid diet was continued. The quantity of mucus grew steadily less, although the urine had not become decidedly acid when the catheter was removed, April 26th, 1887. On the 30th of April the perineal wound was all but closed, the thigh thoroughly cicatrized and the patient well enough to be discharged from the hospital.

May 11th the urine was acid, contained about 5 per cent. of albumen, some triple phosphates, mucus and round bacteria.

The perineal wound, however, was perfectly healed; the patient was able to give up his crutch, although still requiring the support of a cane. With the exception of a slight indisposition, May 27th (which evidently was in no wise dependent upon his urinary difficulty), he has since had no trouble of any kind and has grown steadily stronger.

The urine shows but a trace of albumen; the thigh is thoroughly cicatrized; it is firmer than its fellow and measures a little more than one inch less in circumference at the seat of cicatrization than the opposite thigh at a corresponding point. The left gluteal fold is $4\frac{1}{4}$ inches long; the right but 3; the sound is still passed twice weekly.

REMARKS.

This case exhibits some unusual features. It is evident that when the patient presented himself to me there existed urinary fistulæ dependent upon an obstructed urethra. As to the exact character of the injury and the pathological conditions that existed for three months after its receipt, there may be some question.

Before discussing this subject permit me to remind you of a few anatomical facts that bear upon this matter. The membranous urethra is separated from the pelvis by not more than 3–5 or 4–5 of an inch. The prostatic and spongy portions are free and movable; the membranous section firmly fixed by the triangular ligament, between the layers of which it is imbedded, cannot therefore accommodate itself to any force applied. Both, then, because of its proximity to the bony structures and its immobility, this part of the urethra and its surrounding tissues are particularly exposed to rupture, not only from direct laceration, but also from the strain to which they are subjected when more remote portions of the pelvis are injured.

When the urethral walls have given way the course taken by the extravasated urine indicates the seat of the lesion. Dr. Gurdon Buck demonstrated the true anatomy of the perineal fascia as long ago as 1846. His paper is quoted *in extenso* in Bumstead & Taylor's work upon Venereal Diseases; and this question, in its clinical bearings, is ably discussed by Robt. F. Weir, in a lecture published in the *Medical Record*, Nov. 15th, 1879. Simon Duplay, in his excellent article in the International Encyclopedia of Surgery asserts that a blow

upon the perineum sufficient to rupture the urethra, produces a laceration anterior to the triangular ligament, usually at the bulb, and that with fracture of the pelvis, we are quite certain to meet a ruptured membranous urethra.

In our case, the early impression of the attending surgeons was, that the pelvis had been comminuted and the fragments of bone were driven into the bladder. As far as I can learn there were no symptoms early or remote, that must have followed extravasation of urine into the peritoneal cavity, through a rent in the bladder. There was no collapse, no intense epigastric pain, no urgent but fruitless efforts to urinate, no absence of urine when the catheter reached the bladder, no peritonitis. There was, on the other hand, retention an indication that the bladder walls were sufficiently intact to hold the accumulating urine. As there was no urinary extravasation into the subcutaneous tissues of the penis, perineum, abdomen or other parts; furthermore as there was no discharge of blood—except that resulting from instrumental manipulation—and finally as the patient voided his urine through the natural channel before retention occured, it is to my mind quite certain that there did not result immediately a complete laceration of the urethra. It is more than probable however that the peri-urethral structures sustained a severe injury or that there was possibly a partial laceration of the urethra, the mucous membrane remaing intact, and that the resulting hemorrhage created a tumor of sufficient size to occlude the urethra.

There occurred additionally either a comminuted fracture of the pubic ramus or there developed a periostitis or ostitis with the ultimate exfoliation of sequestra.

The formation of an abscess in the peri-urethral structures led to the rupture of the membranous urethra during the following December. The spontaneous evacuation of pus into the urethra rather than through the skin was probably due to the interposition of the dense fascia lata, which gave way only under further inflammatory destruction. The discharge of fragments of bone through the urethra, after the manner here recorded, is a most unusual occurrence. The small pieces of bone were readily discharged, and probably led to the formation of the strictures in the spongy urethra. But when the large fragment found its way to the canal its size prevented its easy escape and a permanent obstruction resulted. The urine, as it was driven against this dam, found its way through the opening in the urethra into the abscess cavity. The saturation of these parts, with urine, lighted up anew the inflammatory reaction and led to the ulceration of the dense fasciae of the thigh. The urine, burrowing its way through them and between the muscles, inflamed the structures, created abscesses in the dependent portion of the thigh, and finally produced the urinary fistulæ.

The question might have arisen—are the sinuses dependent upon the presence of necrosed bone, or are they of urinary origin? That urine was regularly discharged through them decided beyond peradventure their communication with the urinary channel; and as the excretion was discharged only with the act of micturition, it could be asserted with equal positiveness that the communication must have been anterior to the neck of the bladder. The fistulæ belonged to the second group in Sir Henry Thompson's classification—the indurated variety. The existence of an exit for the urine at this particular point is rare. In a case reported by Gouley the opening was at the apex of Scarpa's triangle. As there was no infiltration of urine into the perineum, the penis or scrotum, those parts connecting with what Tillaux calls the inferior penile chamber, it is evident that the opening into the urethra was posterior to the bulb. The examination of the urethra verified this conclusion, as it located the most marked obstruction at the membranous portion.

Regarding further the pathology of urethral fistulæ, it seems to me entirely a secondary consideration as to whether the laceration of the urethra occurs immediately after a trauma or subsequent to inflammatory destruction from without, or as the result of ulceration of a single follicle, as Dittel has so ably shown, is its usual source in cases of

stricture. There exists in every case, however produced, as the fixed factor a persistent urethral obstruction which occludes the canal, preventing the free escape of urine, and produces either dilatation of the urethra behind it, and finally rupture, or diverts the urinary current through an existing laceration into the neighboring tissues. The single purpose of our treatment must be, to rid the canal of its every obstruction. This naturally brings us to the question—what constitutes urethral stricture?

I believe with Otis that each male urethra possesses a definite calibre. He has given us an urethrometer with which we can establish the normal size of the spongy urethra and note the slightest variation from this standard. In our patient strictures were located at $2\frac{3}{4}$, $1\frac{3}{4}$ and 1 inch from the meatus. Despite the fact that I recognized the urinary fistulæ as communicating with the membranous urethra, I believed it as necessary to remove the obstructions in the penile as those in the deep urethra.

That slight contractions in the pendent urethra may interfere with the healing of fistulæ connected with the deeper urethra is nicely illustrated in a case reported by Mr. Walter Coulson in the London *Lancet* of August 28th, 1875. Various operative measures failed to heal a perineal fistula which readily closed after a few strictured bands of large calibre in the penile portion had been severed. Mr. Coulson was therefore moved to say: "The result of Dr. Otis's operation certainly proved that slight contractions which are not usually recognized as strictures may offer obstruction to the passage of urine sufficient to prevent a urinary fistula from healing."

The marked reduction in the quantity of urine discharged from the fistula, as well as the lengthened interval between the urinary evacuations, after the internal urethotomy, tell plainly what influence in our case also the anterior strictures exerted. Many fistulæ, no doubt, heal while some strictures of large calibre remain; but as it is possible that omission to relieve the urethra of these contractions may interfere with the success of other operative procedures, and as we are now able to not only locate, but with mathematical accuracy overcome all such obstacles, it is evident that this step is of paramount importance.

We read in Sir Henry Thompson's illustrious work that despite the daily passage of a No. 12 E. catheter the urinary fistulæ in a given case did not heal, until for many weeks all of the urine collecting in the bladder was evacuated entirely by means of a catheter. A No. 12 E., equivalent to a No. 18 Fr., is altogether too small an instrument to distend to its utmost the smallest urethra of an adult male. Finally, it must be said that the radical cure of urethral fistulæ can only follow the permanent removal of the cause. As to the propriety of perineal section in our case or in any other where there is obstruction in the membranous urethra, there can be no possible question.

We had to deal with a fistula or a number of fistulæ, imbeded in a mass of indurated tissues, very remote from the urethra. The long, tortuous channels traveled through dense muscular structures. For two years the patient discharged nearly all his urine in this way, and the tissues impregnated with it showed all the disastrous results of such impregnation. When large loss of substance exists, some of the many plastic operations described in our surgical works can be performed. But when we treat simple or indurated fistulæ, I feel prepared to assert that with the thorough removal of all obstructions, great and small, other steps are unnecessary.

As to the after treatment, but a few words will suffice. It will be observed that the catheter was retained in the bladder through the perineal orifice for some weeks. I am aware that Dr. Gouley most thoroughly opposes this course and quotes very learned authorities in his excellent work upon urinary diseases to the effect "that the retention of the catheter in the bladder passed either through the whole length of the urethra, or through the perineal wound, does not fulfil the indications for which it is used; that it is as a general rule attended with danger and that its omission is a safe measure."

With a Jacques catheter it is impossible to produce an ulceration of the bladder, so greatly feared. The purpose that I had in view was to secure drainage of the bladder and thus give rest to the inflamed organ.

Last fall, in a case where I operated by median lithotomy and removed a phosphatic stone weighing an ounce and a-half, I did not place a catheter after operation. But I was very glad to do so on the evening of the second day—after the patient had had a severe chill and sharp fever—and then gave vent to a large amount of ammoniacal urine and pus, which had collected in the diseased bladder. With drainage and antiseptic irrigation we passed through the following four weeks without further febrile reaction.

I have not considered it within the province of this paper to refer to the early treatment of similar injuries to the pelvis and urethra.

TRANSLATIONS.

SEMMOLA ON ALBUMINURIA.—Prof. M. Semmola gave an address in the Section on General Medicine, entitled "New Researches, Experimental and Clinical, upon the Pathogenic Conditions of Albuminuria."

The conclusions reached were as follows:

1. The so-called physiological albuminuria cannot be considered as such, because in the typical normal state, the albuminoid principles are not eliminated by the organism. The question is always, then, of a pathological state, or, if you please, of a condition always abnormal. It may be very slight; it may not prevent one's believing himself to be in good health, but the elimination of albumen by means of the kidney always indicates slight disarrangement of the proper balance between the ingestion and excretion of albuminoids

2. The facts heretofore established concerning the augmentation of the blood-pressure cannot be considered conclusive; because they are based upon grave disorders of function produced upon other organs than the kidneys.

3. The gravest maladies of the heart, at their non-compensatory stages, while producing renal stases constantly, are not always accompanied by albuminuria. Should there not be, then, another condition pathogenic of albuminuria?

4. In augmenting the general blood-pressure by transfusion of blood from an animal of the same species, we obtain hæmoglobinuria, and sometimes even a true hæmaturia, but not albuminuria. The augmentation of the blood-pressure, in consequence, is incapable, by itself, of producing albuminuria.

5. The augmentation of the blood-pressure by injection into the jugular vein of a quantity of defibrinated blood, and by the same quantity of blood transfused, produces at the same time, hæmoglobinuria and albuminuria—the last in considerable proportion. It is then evident that the dyscrasic condition of the albuminoids, as the pathogenic condition of albuminuria, is the true cause of the albuminous filtration through the kidneys, which are forced to eliminate from the organism all which is useless and even dangerous to the maintenance of the functions.

THE BODILY TEMPERATURE IN EPILEPTIC SEIZURES.—Bournonville in a recent issue of the *Progrès Médical*, reports a number of observations made upon epileptic patients, which show that a single epileptic attack increases the bodily temperature from a fraction of a degree to a degree and a half; that the serial or repeated attacks show an oscillation within the same limits; when it remains steadily elevated, death may occur with convulsions.

TRANSMISSION OF TYPHOID FEVER BY INFECTION.—M. Fereol at a recent meeting of the Paris Academy, read an interesting report of a local outbreak of typhoid fever at Eaux-Bonnes, communicated by Dr. Devalz of that place. Three children of a landlord suffered with typhoid fever after a traveler had been sick in the hotel with the same disease. No contamination of the water was found, but these children slept in a bed room into which odors from the cess-pool found their way.

DIARRHŒA IN INFANTS.—Lactic acid (two parts) in Syrup (98 parts) is recommended by Hayem and Vigier in the green diarrhœa of infancy. Dose, two or three teaspoonfuls a day. *Bull. de Therapeutique.*

PHILADELPHIA

MEDICAL TIMES.

PHILADELPHIA, OCT. 1, 1887.

EDITORIAL.

THE BEGINNING OF THE NEW VOLUME.

As the beginning of the new volume, in one sense, inaugurates a fresh departure for this journal, a few introductory and explanatory statements seem appropriate and necessary. Eighteen years ago Messrs. J. B. Lippincott & Co., instituted the *Philadelphia Medical Times* at the urgent request of a number of the physicians of this city, who desired a first-class medical journal to properly represent Philadelphia medical thought. These honored men, many of whom have now passed away, contributed not merely of their scientific knowledge and clinical experience to its success, but also of their means in order to establish the new journal. The first impulse came from members of the Philadelphia County Medical Society, and from the Fellows of the College of Physicians of this city, and the proceedings of these societies have always occupied a prominent place in its pages. When first started, Dr. Edward Rhoads, who had just finished his term as resident physician in the Pennsylvania Hospital, was selected as the editor, but owing to ill health and early death, he never actually fulfilled his appointment, and Dr. William Pepper, now Provost of the University of Pennsylvania, and Professor of the Practice of Medicine and of Clinical Medicine in that institution, performed his duties for the editor during his brief illness, and conducted the journal for years afterwards. Dr. Pepper was succeeded as editor by Dr. James H. Hutchinson, one of the attending physicians to the Pennsylvania Hospital, whose literary taste and scientific acquirements were of great service in continuing the high standard established by the former management. Dr. John H. Packard, now of the surgical staff of the Pennsylvania Hospital, and known to the profession as author, editor, and translator, followed Dr. Hutchinson in the editorial chair, and after one year was succeeded by Dr. Horatio C. Wood, Jr., Professor of Therapeutics and Materia Medica and of Nervous Diseases in the University of Pennsylvania. In 1881 Dr. Frank Woodbury was made assistant editor, and in 1883, on the retiring of Dr. Wood, to become editor-in-chief of another journal, Dr. Woodbury took editorial charge of the TIMES. As to the conduct of the TIMES during the last four years we shall not speak; we believe, however, that it has lost but few old friends and has made many new ones. The constantly increasing work has required an increase in its editorial staff, and we are happy to announce that Dr. Wm. F. Waugh, Professor of the Practice of Medicine in the Medico-Chirurgical College, will hereafter be united with the previous Editor in both editing and publishing this journal, and Dr. George H. Rohé, Professor of Dermatology and Hygiene, in the College of Physicians and Surgeons of Baltimore, has consented to act as associate editor. This arrangement we are very sure will add greatly to the strength of this journal.

Of the conservative course taken by the TIMES, with regard to the ethics of the profession, the support of medical organization, the advancement of medical education, the abuses of specialism and private dispensaries, and recently in advocating the interests of the meeting of the International Medical Congress at Washington, we need

not speak. We wish simply to return thanks to those of our old friends who have given us encouragement, and to our new subscribers for the material evidences of their appreciation of our course. As a result of the favor of the profession, and the increasing prosperity of the TIMES, we have taken this opportunity of inaugurating some changes which we hope will be acceptable to our readers. At the request of a number of our subscribers, we have decided to abolish "Inserts," and as soon as present contracts expire, the advertising sheet will cease to invade the parenchyma of this journal. We shall also keep our reading pages inviolate and free from that form of insidious advertising known as reading notices, all of which shall be relegated to the Publisher's Department.

With regard to the general make-up of the TIMES, no change is contemplated for the present. Except for a short period, when it was issued weekly, this journal has appeared every two weeks, and it will be continued as a semi-monthly for the present. The Departments will have some new features, one of which, "Letters to the Editor," we hope will prove a place of record for interesting notes of treatment, suggestions, queries, and replies, which would otherwise be lost to the profession. Hereafter, society reports will be abstracted and abridged; we will not devote whole pages to discussions of papers read at the ordinary society meetings, but if anything of import and permanent value is said we shall hasten to note it.

One innovation that we introduce, herewith, is the signed editorial. In doing this we believe we will insure greater accuracy of statement and indirectly increase the value of our editorial work.

The quarterly reports on progress in different departments of medicine will be no longer published as such, but the evidences of progress of general interest will be promptly chronicled, leaving subjects of interest only to the specialist to the journals devoted to particular branches of medicine. Particular attention will hereafter be given to notes of clinics and representatives of the TIMES will attend the various hospitals, where public clinics are held, as well as the various society meetings, in order to collect such clinical notes as will best illustrate methods of practice in this great centre of medical teaching, and disseminate the valuable lessons here taught by the bedside and rostrum.

F. W.

THE RELATIONS OF DERMATOLOGY TO GENERAL MEDICINE.

Thoughtful dermatologists have always regarded their specialty as simply a branch of the general profession of medicine. Skin diseases are not a class of morbid processes with a pathology of their own, but merely variations of pathological processes, whose peculiarities are due to the specialized character of the tissues affected. Dermatopathology is therefore merely a branch of general pathology, based upon the same principles, and to be studied in its general relations. The "pure specialist," who prides himself upon his ignorance of pulmonary, digestive, nervous or uterine diseases, or of the principles of general medicine, is not likely to represent his specialty in the truly scientific spirit. To the latter class we commend the philosophic address of Dr. Unna, delivered at the International Medical Congress in Washington. Dr. Unna's theme was "Dermatology in its Relations to General Medicine." He pointed out that many of the advances in pathology had

been made in studying diseases of the skin. This he held to be true especially in inflammation, our knowledge of which had been almost altogether obtained by studying this process in the integument. The important department of parasito-pathology also had its beginnings, and has secured its most definite foundations in dermal pathology. These facts indicate in a measure the debt which general medicine owes to dermatology. On the other hand, dermatology is indebted no less to general medicine. Many of the most important discoveries which have redounded to the advantage of dermatology were not made by specialists, but by general practitioners of medicine and surgery. Every general practitioner should be a dermatologist, because a knowledge of skin diseases is indispensable to him if he would be a scientific practitioner. Likewise the dermatologist must be a practical physician in order to appreciate the influences of general pathological conditions upon the skin, or of morbid processes in the latter organ upon the general organism.

A scientific study of dermatology from this point of view will inevitably produce results which will be of great benefit to general medicine. To this country, with its pervading spirit of progress, liberality and originality, Unna looks hopefully for the realization of this advance. Not only are earnest students needed, but the means by which they can work. These must be furnished by government, institutions, or the liberality of private individuals.

Medical colleges have been liberal enough in distributing the title of professor of dermatology; in but few has any provision been made for a proper study and treatment of skin diseases by the erection of special wards or hospitals. This is a crying need of the day, and should be demanded of every institution where medicine is taught. The ambulatory treatment of skin diseases is of little value as a means of study for the student, who sees the patient on rare occasions, and is not enabled to follow the course of the disease or the effects of treatment. When this reform is accomplished and dermatology is studied from both a scientific and practical standpoint as a part of general medicine, both the specialty and the science of which it is a branch will receive the benefit. G. H. R.

NOTES FROM SPECIAL CORRESPONDENTS.

PARIS.

THE ETIOLOGY OF TYPHOID FEVER; MORRHUOL; THE ACTION OF ANTITHERMIC MEDICINES; HEMORRHAGIC METRITIS; SOME NEW FORMULÆ.

The Etiology of Typhoid Fever. This single disease has a total mortality in France of 80 per 1000. In the army alone, which is composed of the very best physiological element, thirty per cent. of the deaths are from this destructive malady. Direct contagion as a possible cause is no longer denied, but how does it originate? We have already mentioned the recent studies and investigations made by Professor Brouardel, Dr. Chantemesse, and others, during the recent typhoid epidemics in different parts of France. These observers showed that the principal element in the propagation of enteric fever is the ingestion of potable waters contaminated by the presence of the typhoid bacillus. It is also a proved fact that the dejections of typhoid patients in this way distribute the disease as they infect the drinking water. Air also is a vehicle, less active it is true, as it does not carry the morbid elements so far as water does, but its influence has been proved to extend to rooms in the same house, to the next house, and even across the street. Dr.

H. Lecuyer takes up this question lately in quite a practical way, and gives the above facts, while he admits that there are cases which they do not explain. For seventeen years he has seen patients that got typhoid fever always under the same conditions, but in whom it was impossible to assign a cause. These were cases that occurred every year in practice of patients who had either just been getting in a heavy harvest, or had taken part in the annual military reviews, or had just been engaged in the difficult labor of wine or sugar manufacture.

All such cases can be put down to corporal "*surmenage*," but how can the etiology of such typhoids be explained? Pasteur's fermentation theory "*panspermie*," by which all fermentations are due to the action of germs in the air, *can* be used here without facts contradicting us, and Béchamp's "*microzymes*," those little organisms that are always found along the intestinal tract, may play the same role as the microbes found in the air do, both of them developing abnormally under certain influences. Béchamp said, "Diseases are born of ourselves and within us." It is not possible to produce typhoid fever, or small-pox, directly, by taking germs from the air. Professor Gautier has shown that those toxic alkaloids called *ptomaines* are not developed only in putrefying bodies, but that they are seen to form in normal secretions as well (urine, saliva, etc.), and we manufacture these poisons constantly. On the slightest arrest of their incesssant elimination by the kidneys, or by the respiration and intestinal secretions, will occur an accumulation of poisons which act on the nervous system, and produce effects that constitute disease. This arrest may be produced by a local cause, by a virus, or even by an impression.

It is to be remarked that all the various theories, "panspermia," "ptomaines," "microzymes," with bacteria and microbes, have not as yet done much for practical therapeutics; but they seem to explain patent facts, and above all they permit us to formulate *hygienic rules to prevent disease.* Dr. Strauss even saw that the famous comma-bacillus was almost always absent in serious cholera cases, and yet was plentiful in others that continued getting better; so that one may almost believe it to be the effect, and not the cause of the disease. Again, in the inhalation rooms at the celebrated Mont Doré mineral water station, where phthisis is so much treated, the air ought to be full of microbes; but it is not. We must admit, then, with Professor Peter, that "we are as yet very ignorant of these matters, and that a physician's work is one of much time and patience, that so far he is rather a spectator than an actor in nature's great drama."

It is possible, however, to mention certain clinical conditions, *which are constantly the same*, and under which typhoid fever appears, and from these facts we can deduct certain prophylactic rules and hygienic precautions: 1st. *Overwork* or *surmenage*, bodily or mental, is certainly one of the causes of typhoid fever; every year shows this in the cases already spoken of occurring after hard labor; the same is true of overworked students, as every practical doctor will admit, and as the recent discussions at the Academy of Medicine showed. 2d. *Organic matters in a state of decomposition.* All putrid and decomposing substances provoke typhoid so that all water closets, dung-heaps, meat and vegetable stores, etc., must be looked to as a cause. 3d. *Potable waters.* This cause has been carefully studied in France lately, and it has been shown that the typhoid germs are propagated by water—sometimes it was a laundry established at the river-side entrance to the town, or again the infiltrations into wells or river, of fecal matters or those coming from a slaughter house. It must be remembered that the pathological expression of the infection will be shown in various ways; sometimes by only a troubled state of the digestive tract and again by the full typhoid fever. The conclusion drawn is that when we have symptoms that lead us to think of typhoid, we should devote ourselves to finding out the cause and suppress it.

An interesting study of *Morrhuol* is made by Dr. T. Chazeaud, in his thesis just presented to the Paris faculty of

medicine. The experiments were made in Professor Germain Sée's service at Hôtel Dieu; and we personally saw a number of the patients taking the drug.

The Morrhuol itself is made by M. Chapoteau, or rather from his method, by M. Vial, a Paris chemist. It is supposed to contain all the active principles of cod liver oil without the fatty matters, and represents twenty-five times its weight of the oil itself. It is given in capsules containing twenty centigrammes, which is equal to five grammes of brown cod liver oil. From three to six capsules are given daily at meals. Of course this is not the first time that modern therapeutists have tried to give cod-liver oil in some way that would be more agreeable to patients. Trousseau, himself invented a "*Beurre Bromo-Iodé*, thus combining a fatty body with bromide and iodides, but with but little success. The morrhuol is obtained by treating the brown oil with alcohol at 90°; it has but little smell; is bitter and crystallizes at the normal temperature. The results of its administration to patients in Dr. Sée's wards were weight and appetite increased, cough diminished, and general health improved. It seemed to provoke at times slight cutaneous eruptions resembling those produced by iodine. It is recommended as a *specific* (?) for tubercular diseases, but the author must allow us to wait before accepting his deductions and until time has proved the results.

The Action of Antithermic Medicines. More than a year ago we gave in your columns an account of salol, which had been discovered by Sahli. Since that time the group of medicines to which it belongs seems to have at last reached a definite period in their use; lately a great deal has been said and written on the sedative action of this new group of drugs upon the nervous system. Those now tested of this group are *Acetanilide, Antipyrine and Salol.* Of the first M. Dujardin-Beaumetz says it like the other two acts not by diminishing the fever combustion, but by a special and direct action on the thermic centres of the spinal cord. This being so, the idea was quickly given to use these drugs in conditions outside of fever; acid salicylic itself has become an analgesic and has been employed with success in neuralgias and in tabes dorsalis; but antipyrine has almost completely displaced salicylic acid in acute rheumatism, as it acts as well and has none of the disagreeable effects of salicylic acid. Acetanilide, or antifebrine, was discovered as long ago as 1835 by Gerhardt; it is not soluble in water, but dissolves in alcohol. Just here antipyrine has a great advantage, as it dissolves readily in water. M. Dujardin-Beaumetz uses wines to dissolve, as follows:

℞ Acetanilide, . . 5 grammes
Elixir, . . . 170 "

M.—A dessertspoonful of this equals thirty centigrammes of the medicine.

The dose varies from twenty-five centigrammes to three grammes per diem. Not over fifty centigrammes should be given at a time. The full dose will develop cyanosis and even collapse. It is not now thought to be of value as an antithermic medicine, as it rapidly produces cyanosis in typhoid fever patients. It is considered a precious acquisition as a nervine, and curious to say, it does not seem to have any action in doses of two grammes a day given for months in most persons, but there are a few in which it brings on a slight cyanosis. M. Germain Sée considers this dangerous, but M. Dujardin-Beaumetz states that it does no harm; that no patients are in danger from it and as it takes away their sufferings they are satisfied, even if they do get blue. It is particularly in all pains that accompany alterations of the nervous system, compression of spinal nerves, pains from the neuritis of the optic nerves, nervous pain in general and special pains like those of tabes, and finally, in epilepsy, rheumatism and sciatica. Salol is also a good nervine, but it is very insoluble, so that it is used in an emulsion made with tincture of quillaya. Its dose varies from four to eight grammes a day divided in three parts. It may also be given in *cachets.* Hopes are held out that in this group of aromatic drugs at least one will be found which will prove to be superior to the bromides, without their dangers, in nervous complaints. M. Germain Sée has just made another long communication to

the Academy on antipyrine and its action in neuralgia, migraine and headache. According to his view it would seem that the action of antithermic medicine is not what we have thought; at present they are scarcely given in fevers in Paris, if at all; but only their analgesic action is now made use of, thus changing entirely our ideas in regard to them. One practical fact can be retained from the action of antipyrine in diminishing the reflex power of the spinal cord; this is that it may act as an antidote to strychnine.

Hæmorrhagic Metritis.—We gave the method indicated by M. Vuillet, of Geneva, some time ago, in which he dilates the os uteri by means of little tampons of iodoformized gauze until it is slowly and completely opened, when its inner surface can be scraped. Last winter, M. Vuillet came to Paris and gave several demonstrations of the method. M. Terrillon, surgeon to the Hospice de la Salpétriére, in a late clinic, spoke of the danger that curetting of the uterus presented in incompetent and unskilful hands, and indicated very clearly its indications and contra-indications. He said: "You will often be consulted by women who are weakened by constant metrorrhagia, that are difficult to treat, and still more so to find a cause, for sometimes they follow pregnancy or an abortion, at others they indicate a fibrous tumor, but in many no such etiology can be found." A patient was shown, a young woman of 24, with good constitution, and usually in good health; menses commenced at 13, and continued up to January of this year in the regular way; when, all of a sudden, without any known cause, she had abundant uterine flooding, that came on daily, which very quickly undermined her health. She was treated by her physician with tonics, ergotin, perchloride of iron; and injections of cold water, then of hot water, tannin, perchloride of iron solution, and even the vaginal tampon, without any result. On entering the hospital, a careful examination failed to find any cause for the bleeding. The os was normal, with a small round orifice, but there was slight retro-flexion; still this could not explain the flooding. Slow and progressive dilatation according to M. Vuillet's method was used, and a curette brought away, by slight scraping, a number of soft fungous growths, that showed the disease to be hemorrhagic metritis. Recamier, in 1846, first got the idea of attacking directly the uterine mucous membrane after the failure of caustics and all other methods; and his curette is well known, but at that time the modern antiseptic system was not practiced, so that his success was not so great as it should have been, and it was soon forgotten. It was Simon, of Heidelberg, and afterward Hegar, with Kaltenbach, in 1872, who again took up this method, which is certainly a good one, but can be very dangerous if not properly applied, so that the mode of procedure is important. First, a vigorous antisepsis must be instituted for days before the operation. Corrosive sublimate injections at 1 to 1,000, or 1 to 2,000, or carbolic acid in one per cent. solution are used. A tampon of gauze covered with iodol is constantly kept in the vagina. All instruments are held over an alcohol flame, or else put into boiling water or carbolic acid solution, and at present they are finally put in iodoformized ether. The speculum is then put into place, and the os is hooked by a small pair of forceps, and drawn slightly forwards. When the mucous membrane is thick and soft, Simon's curette is used. It is a steel ring, which cuts on one side, mounted on a handle. It is also possible to use small wooden sticks armed with antiseptic cotton, if the mucous membrane is very soft.

Dr. Doléris, of Paris, has also invented a very good instrument he calls "*écouvillon.*" If, however, the membrane is hard, Recamier or Hegar instruments are used. Having carefully cleaned off the membrane, it should be cauterized. For this purpose they use carbolic acid (1 to 30), or tincture of iodine, mostly; taking precautions not to allow it to touch the walls of the vagina, which is then distended slightly with tampons of iodolized gauze. The operation is not very painful, only a slight sensation is felt when the curette detaches some one of the fungous growths. Now, as to contra-indications: this operation is only to be

used when the uterus alone is attacked, and never when the fallopian tubes or ovaries are diseased. Again, it must not be attempted when the uterus is immobilized from any cause, or when there is the slightest peri-uterine inflammation: but in all other cases *curetting* of the uterus can be done with the best results, and a rapid and satisfactory cure usually results.

Here are some new formulæ:—

Terpine Elixir (M. Vigier).

℞ Vanilline..... grms. .002
Terpine..... " .50
Glycerini
Alcohol. (at 95°) } grms. 7
Mellis q. s. ad. ft.

M. Disssolve, melt and filter.

This represents a tablespoonful, and can be taken in a glass of water.

For Acute or Chronic Coryza (Vigier).

℞ Tinct. pulsatillæ radicis..... grm. 1
Syrup. aurantii florum..... " 95
M.

M. S.—2 to 4 teaspoonfuls a day. Each teaspoonful contains a gramme of the tincture.

Painless Injections of Antipyrene for Neuralgia (Prof. G. Sée).

℞ Antipyrine..... .....gr. 0.50
Aquæ..... " 1.50

And add to each syringeful of the solution a centigramme of hydrochlorate of cocaine.

S.—Introduce the syringe needle deeply into the tissues, and inject slowly, afterward rubbing the part.

THOMAS LINN, M. D.

September 8th, 1887.

BALTIMORE.

A REPORT ON SEWERAGE.—ECHOES OF THE INTERNATIONAL CONGRESS.—THE COLLEGES.

A SPECIAL report upon sewerage and water supply has recently been issued by the Maryland State Board of Health. The report is written by Dr. C. W. Chancellor, the secretary of the board, and purports to be the result of his recent studies in Europe upon these subjects. A point of some interest in connection with the subject matter of the report is the suddenness with which Dr. Chancellor has "gone back" on his favorite method of treating his sewerage problem by Liernur's system. Only two years ago Dr. Chancellor became involved in what may be termed a violent disagreement with Col. Waring on the merits of this system, and now he has come to the same conclusion that nearly all thinking sanitarians had reached some time ago, namely, that the Liernur system, as well as its successors, the methods of Shone and Berlier are impracticable. He has become convinced "that great disappointment has been experienced both as to the efficacy or power of the pneumatic suction and the commercial value of the *poudrette*." In view of Dr. Chancellor's previous, strongly expressed confidence upon both these promised advantages of the *système Liernur*, his "disappointment" must be exceedingly great.

In his unfavorable review of the irrigation system of sewage disposal, Dr. Chancellor is led into making a statement which either betrays want of knowledge of the subject, or is manifestly unfair. He says: "In the first place, land cannot be obtained of sufficicient extent n the neighborhood of towns in which sewage is produced; and this may be safely accepted as the rule when we consider that one acre is required in ordinary irrigation for every thirty or forty individuals of the population." How far this is from the actual condition of things is evident when it is considered that in Dantzig, with a population of over 100,000, the sewage has thus been disposed for fifteen years. One acre is sufficient to dispose of the sewage of 240 persons. In Berlin the estimate is 100 to the acre, and in Breslau about the same. In Birmingham, England, a population of over 600,000, finds 1237 acres "amply sufficient" for the purpose of an irrigation field. Evidently Dr. Chancellor's investigations, while upon his official trip abroad, did not extend to places where the irrigation system is in practical operation.

Another manifestation of Dr. Chancellor's want of knowledge or forgetfulness is the systematic manner in which he ignores the separate system of removal of sewage, known in this country as the Waring system. Certainly the Memphis experiment is of sufficient importance and on a sufficiently large scale to have deserved some notice. From an official of a State Board of Health, citizens of his State and the medical profession may reasonably demand fairness in the discussion of such vital problems.

In this report, Dr. Chancellor publishes the details of "New System of Sewage Disposal" for single buildings and small towns. The apparatus is not very complicated and looks practicable —on paper. Estimates of cost of construction and experience in working are, however, still wanting. In simplicity, ease of management, economy and sanitary efficiency, it seems to me far behind the earth or ash closet. Experience can alone decide whether it is an efficient substitute for other methods.

Nearly all the Baltimoreans who attended the International Congress are outspoken in their opinion that the meeting was a success, both from a scientific and a social standpoint. Even the editor of the *Maryland Medical Journal*, who has been one of the most tenacious adherents of the malcontent party, has become converted after personal attendance at the Congress, and handsomely acknowledges that it was an eminent success. Of course, all admit that it would have been still more successful had certain members of the profession here and elsewhere been able to sink their selfishness in patriotism, as was so well expressed by President Cleveland at the Philadelphia Constiutional Centennial.

The preliminary lectures at the colleges have begun, and active preparations are being made for the regular session, which begins on the third inst.

Baltimore, September 23, 1887. G. H. R.

REVIEWS AND BOOK NOTICES.

PRACTICAL NOTES ON THE TREATMENT OF SKIN DISEASES. *I. Disorders of the Perspiratory and Sebaceous Glands. II. Eczema. III. Inflammations and Hemorrhages of the Skin.* By GEO. H. ROHE, M. D., Professor of Dermatology and Hygiene in the College of Physicians and Surgeons, of Baltimore. Published by the author.

The general practitioner often meets with great difficulty in the diagnosis and treatment of skin diseases. These little volumes give the salient features of the various diseases considered and render their recognition easy. The directions for treatment are clear, precise and practical.

AUTOBIOGRAPHY OF SAMUEL D. GROSS, M. D., D. C. L. Oxon., LL. D. Cantab., Edin., Jeff. Coll., Univ. Pa, Emeritus Professor of Surgery in the Jefferson Medical College of Philadelphia. With sketches of his contemporaries. Edited by his Sons. In two volumes. Philadelphia. George Barrie, Publisher, 1887.

In the medical history of this country of the nineteenth century, no name stands out more prominently than that of Gross. We see him first as a modest country lad eager in the pursuit of knowledge. The voice of wisdom found him an attentive listener. Willing to serve, he was led to occupy a chief seat among the great and noble of this and other lands. A graduate of Jefferson Medical College in 1827, he served his generation faithfully and well until May 6, 1884, when he passed away.

He was professor in four medical colleges during his career as a public teacher, and probably has more living pupils than any of his contemporaries. There was a spring of sweetness in his disposition which kept him ever cheerful. In his autobiography he affords a glimpse of the source of his cheerfulness in a paragraph which is also a touching tribute to his mother:—

"She was a woman of a noble, tender and loving heart, a most excellent wife and mother. She was a devoted member of the Lutheran Church and spent most of her later years in the perusal of her Bible and other religious works. In truth she was a most pure and exemplary Christian, full of faith in the promises of the Redeemer. To her good training I am indebted under Providence for the moral part of my character. Her early advice and admonition, prompted by a heart that never knew any guile or deceit, served to guide me through the thorny paths of boyhood and youth free from the vices which so easily beset us at those tender periods of our existence. It was she who taught me how to revere religion, to love my neighbor, and respect the laws. No one who has not experienced it can fully appreciate the influence which a mother's precepts and example exert upon the character of a child. It is incomparably greater than that of the father; it has something in it so

pure and holy that it associates her in his mind with all that is good and lovely in our nature. The child looks upon her as a guardian-angel, who watches by day and by night every step that he takes, every word he utters, every action he performs, and who is ever ready to applaud or chide him according to the conduct he exhibits. So true is all this that it may be assumed, as an axiom in morals, that a boy who has had a good and devoted mother can never be a bad man. His conscience would not permit it, despite the worst cerebral and mental organization. It is ever present to recall the image of the fond mother. It constitutes a shield and a buckler, which protects him from bad influences by which he is surrounded, and which are so peculiarly trying to the young and inexperienced."

As a consequence of his careful training he had a great horror of everything vicious or immoral, and in his seventy-first year he looks fondly back upon the scenes of his childhood and thanks God that during his early days he enjoyed "the advantage of a pure country air and a pure country life."

We cannot review in a perfunctory way this last work of the great man, whose life history is outlined in the pages before us. Memoirs by Austin Flint, J. M. DaCosta, I. Minis Hays and others form the material for an appropriate introductory chapter to the work.

PRELIMINARY REPORT OF THE COMMISSION APPOINTED BY THE UNIVERSITY OF PENNSYLVANIA TO INVESTIGATE MODERN SPIRITUALISM IN ACCORDANCE WITH THE REQUEST OF THE LATE HENRY SEYBERT. Philada., J. B. Lippincott & Co., 1887.

NINETEENTH CENTURY SENSE: THE PARADOX OF SPIRITUALISM, by John Darby. Philada., J. B. Lippincott & Co., 1887.

It is a remarkable coincidence that these books should be prepared and pass side by side through the press, and be issued by the same publishing house at almost the same hour; it is more than a coincidence that the latter work admirably supplements the former. The distinguished members of the Seybert Commission, after two years' search, find no spiritualistic manifestations that will bear scientific examination, and conclude that materialization and fraud are convertible terms. John Darby, holding with Aristotle that "Common Sense is little better than no sense at all," detects the fallacies of the scientific method, and, taking refuge in philosophy and paradoxes, finds a satisfactory explanation in the doctrine of sensitives, and a solace for all the ills of life in the apprehension of the spiritual. Those who are spiritualistically inclined will enjoy the study of this book. To those who have the skill to control the stops, "there is much music, excellent voice, in this little organ."

HOSPITAL NOTES.

THE PENNSYLVANIA HOSPITAL.—The managers of this institution extended an invitation to the foreign delegates on their way to the International Medical Congress to visit its several departments on the 1st ult. Prof. Henry H. Smith introduced Dr. Morton of the Medical Staff who delivered the following address:

Gentlemen:—The Board of Managers of this Hospital and my colleagues of the Medical Staff have assigned to me the privilege and pleasant duty of welcoming you as distinguished guests of this venerable institution, now well advanced in its second century of usefulness. For the past one hundred and thirty-six years the sick, the injured and the insane have found a refuge and have been cared for in a broad spirit of Christian philanthropy, without restriction as to color, creed, or nationality.

Let me very briefly, for our time is necessarily short, review the honorable history of this foundation. The year 1750 marks the birth of the Pennsylvania Hospital. Previous to this time, although Philadelphia had signally prospered and her citizens were already distinguished for their public spirit and benevolence, comparatively little attention had been given to securing proper accommodation for the sick and injured among the poor, and especially for those afflicted by the loss of their reason. At this time Dr. Thos. Bond, one of the representative physicians of the city, conceived the idea of establishing a free hospital, in order to provide accommodations for the care of such cases. He early secured the co-operation of that great philosopher and

statesman, Benjamin Franklin, and by their efforts, with the assistance of others whom they succeeded in interesting in the movement, a charter was obtained from the Provincial Assembly of 1751.

Franklin, besides actively interesting himself in the administration of the infant institution, was the first Secretary of the Hospital and the second President; indeed, his interest in it only ceased to be manifested at his death. It seems to us eminently fitting that this great charity, the first in the long list of American hospitals—a fact of which we may be justly proud—should have had its first impulse and inception in the personal efforts of a member of the medical profession. In consequence of the unsullied integrity, active energy and wise conservatism which has always characterized the management, and of the valuable lessons which have been taught within its walls and published to the world, this institution has fairly earned a high position not only in this community, but also wherever medical science is taught or American books are read. It may not be known to you, but this institution was the pioneer in giving systematic medical instruction in this country. In this hospital, in 1776, Dr. Bond delivered the first course of clinical lectures to medical students and practitioners ever given on this side of the Atlantic. These demonstrations have been continued, almost uninterruptedly throughout the greater part of the year, up to the present day. Great men, beloved in the profession and in the community in which they lived, in the years that have gone have walked these halls; many of whom, from their eminent services and acknowledged abilities, occupied high positions as authors, teachers and practitioners. Several have been distinguished in the annals of their country for their labors in behalf of their fellow men in the exigencies of peace as well as in war and pestilence, while the name of one we all honor is appended to that Declaration of July 4, 1776, which formally established the independence of these United States. Let me here declare that the honorable example of unselfish devotion to the interest of this hospital, furnished by the members of its first medical staff, has been loyally followed by their successors. Of these I but mention the well-known names of Bond, Shippen, Rush, Physick, Wistar, Parrish, Barton, Randolph, Wood, Gerhard, Pancoast and Kirkbride, hastily taken from the long line of medical men who have served this hospital, whose original observations, labors, discoveries and skill have greatly advanced medical science and benefited mankind.

Until 1841, this hospital accommodated the sick, injured and the insane within the present enclosure. At that time the insane were removed to buildings especially erected, a short distance away, to the west of the river Schuylkill, which are still occupied by them, and which you are invited to visit at your convenience. This institution, I may be permitted to say, has the honorable distinction of having, at an early age, recognized the rights of the insane to humane treatment, and of always keeping in view the possibility of restoration to reason by kind and well-directed treatment. The teachings of Pinel were anticipated in the charter of this hospital, although the harsher forms of restraint were not abolished entirely until after the beginning of the present century.

For more than forty years that department, with its accommodation for 500 patients, had the able supervision of the late Dr. Thomas S. Kirkbride, under whose hands it attained a position which, when considered either from a material or scientific point of view, is certainly second to none in the land.

This institution, marvellous as has been its growth, has not been without its periods of depression and difficulty, which at times sorely tested its stability. In 1777, an invading army having entered Philadelphia, occupied the hospital for several months, confiscating its supplies, medicines and instruments, and for the time severely crippling its resources, and for this spoliation no restitution was ever made. Indeed, it is a noteworthy fact that this hospital has always been supported by the gifts of the charitable and benevolent. Of the many benefactions which this insti-

tution has received, perhaps no gift was more welcome or more appropriate than the beautifully executed painting which hangs before you. It was presented more than seventy years ago, by the artist, Benjamin West, a citizen of this Commonwealth, but at that time President of the Royal Academy of Arts of London, and residing in that city. It is unusual to have such a work so conspicuously displayed in an amphitheatre where sorrow, suffering and even death engage our attention; but "Christ Healing the Sick" seems especially appropriate in its present position, in view of those who, during many months of each year, occupy these seats, receiving instruction from their medical teachers, where it also may teach lessons of compassion when they shall be called upon to minister to the necessities of the afflicted. It is not unreasonable to suppose that many of these young men will be favorably influenced by this scene and carry with them through life the lesson which the picture presents. This hall is consecrated to a high purpose, and its spirit is in keeping with the noble conception of the artist.

The medical library of this hospital was for a long time unequalled on this continent, and even now is surpassed by few libraries which are exclusively medical. The library and the funds to maintain it came entirely from students' fees, which by right and precedent belonged to the medical officers who gave the instruction, but who generously donated them for this purpose.

The managers have with rare liberality introduced such improvements as have been rendered necessary by the progress of medical science and considered advisable by the medical board. The hospital is supplied with fresh air by forced ventilation—a steam fan, capable of making 96 revolutions a minute, distributes hourly to each patient 4,000 cubic feet of pure air at a regular temperature, by day and night, winter and summer. The nursing, medical as well as surgical, is performed by women, though male assistants are also employed.

Great cleanliness in every department had already given us excellent results, even before the introduction into our wards of the methods of antisepsis, which is now rigidly and universally enforced, and which has relieved the hospital of pyemia, erysipelas and all forms of so-called "hospitalism." Our ambulance system for the transportation of the sick and wounded has proved itself to be of the greatest service; we ask you not to overlook this part of the hospital equipment in making your tour through the place.

This hospital for the sick and wounded has accommodation for 200 patients, and its quota is nearly always filled. It is, though in the centre of the city, surrounded by several acres of ground, open to the air and sunlight; these grounds are encircled and beautified by noble trees, planted more than a century ago. They are also rendered attractive by shrubbery, plants and flowers, so beneficial in advancing convalescence. Among the trees in this enclosure, I would ask your attention particularly to a stately elm, which was raised from a scion of the original "Treaty Elm," under whose spreading branches, more than 200 years ago, Penn made his famous treaty with the Indians for the ground upon which we now stand.

Until so recent a date as 1850 this was the only general hospital here. Since then, incidental to the wonderful and rapid growth of the city, many new hospitals have been established, both general and special, but the old Pennsylvania is still recognized as the great accident hospital, within whose walls up to this time more than 128,000 sick and injured have been cared for.

I have thus, gentlemen, very hastily brought together a few facts connected with the history of the Pennsylvania Hospital, which you are now invited to inspect. We trust that your stay here may prove interesting, perhaps not uninstructive; and that you may carry away with you at least some pleasurable reminiscences of your visit. With best wishes for your health and happiness while here, and for your safe return to your homes, I again extend to you all, and especially to the delegates to the International Medical Congress of 1887 here assembled, a kindly greeting and a cordial welcome.

LETTERS TO THE EDITORS.

It is the earnest desire of the Editors to increase the usefulness of this Journal, and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editors. Short, concise papers upon medical subjects, records of cases worth being reported, and queries on any medical subject are requested.

IMPRESSIONS OF THE CONGRESS, 1887.

Editors MEDICAL TIMES:

Sirs:—I have been asked by numerous American physicians my opinion of the Congress, and I have been invited to compare it with previous Congresses. I have replied to the first question by stating that from all points of view the Congress of 1887 must be written, in medical history, an unqualified success.

In reference to a comparison between the London and the Copenhagen Congresses, both of which I attended, I have observed to inquirers that this is not the way to look at it.

Each Congress has an individuality stamped upon it by the nationality organizing the meetings, and each nation must do its work of organization and reception in its own way. It would not exalt the Washington Congress to depreciate the London or the Copenhagen Congress; nor do I think that any American physician would desire to obtain fame for his own country by this method of comparison.

The American Congress must stand on its own merits. It had a strong individuality derived from your own institutions and from your own social customs.

The great gathering at Washington of over 2,700 medical men from every part of your great territories of itself testified to the great numerical success of the Congress. Democratic, you had representatives from each state, and we saw the profession of America; not alone the men whom through real merit, or adventitious circumstance, we knew in Europe, but the men who are doing the practical work of medicine, the men who are in every country the backsone of the profession, the general surgeons and physicians.

The progress of medicine in a country is not to be measured by a few specialists or eminent leaders, but by the number of educated practitioners it possesses. The general average of medical attainment is the true test. Standing out from the rank and file we had some of the leaders in American medicine; we missed many familiar names, *tant pis* for them.

Had only a few of your States been represented, this Congress would not have been truly representative. As to the quality of your representatives it would be an impertinence for me to say anything.

What was the scientific value of the papers?

At all congresses there is a good deal of chaff mixed with the grain. The London and Copenhagen transactions have only to be consulted to prove this, so that you could not be exempt from this general rule. The general average of the papers read were fixed at as high a standard as is usually found at meetings of this kind; you could not expect more; you could not be content with less.

The social features of these gatherings are not without their value, and must be reckoned with.

The resolution proposed by Dr. Pavy, seconded by Professor Reyfus, and passed at Niagara by the foreign delegates, may be taken as the sincere general expression of your guests, and should content you and silence all criticism.

Personally, I could not say enough of the hospitality of your American *confrères*, and I desire to thank them.

It would have been an international disaster had this Congress been a failure. It might have led to the disintegration of these meetings. The American Congress would have been the last one. This would have been a reflection upon you. The patriotism which animated the profession of America, and which led to the great success of this Congress, will be appreciated over your vast continent and

bear fruit. It will strengthen the American Medical Association. One point I would like to emphasize. You had a large number of English visitors, the majority of whom came from the provinces. I am opposed to the absurd ideas that all the talent is centralized in our metropolis. I preach this gospel that the metropolis alone does not represent English medicine. The accident of where a man lives is too weak a one to base upon it any argument as to medical ability. What a man has done is the only test that I acknowledge in assigning a place in this hierarchy of medicine; whether you live at Bristol, Birmingham, Liverpool, Manchester, Leeds, or some other centre, is an accident, but it does not preclude the possession of surgical or medical skill. My view, I am glad to say, is growing and must grow.

The former view might have held good in the old days of the stage coach, but now that steam engine and electro-motor power have annihilated space, provincialism is dead. In things of science each one of us is a citizen of the world.

Yours truly,

Halifax, Eng. TH. M. DOLAN, M.D.

P. S. The following English practitioners amongst others attended the Congress: Drs. F. W. Pavy, London; Grailly Hewitt, London; Leonard Burnley Forces, London; Freeman, London; Laurence, Bristol; Dobson, Bristol; R. Shingleton Smith, Bristol; Cross, Bristol; Leach, Dorset; Parkinson, Dorset; Taylor, Liverpool; Walker, London; Alfred H. Gubb, London; Tomkyns, Leicester; Sinclair Coghill, Isle of Wight; Ed. Owen, London; Anderson, London; Lloyd, Royal Navy; Surgeon-General Marston, London; Surgeon-Major Langdon, Woolwich; Rouse, Brighton; Ruhanson, Brighton; Logan, Bradford; Greme, Blackburn; Boyd Jole, Liverpool; McLeagh, London; Splin, Nottingham; Wiseman, Ossett; Eddowes; Dolan, Halifax; Gould, Portsmouth; Murrell, Phillips and Neville, London.

[Dr. Dolan is the accomplished and genial Editor of the *Provincial Medical Journal*. We are glad to give our readers the Impressions of the Congress on such a capable and impartial observer. EDS. P. M. T.]

A CASE OF CIRRHOSIS OF THE LIVER.

Editors MEDICAL TIMES:

I first saw Mr. D., April 29th, 1887. He was thirty-seven years of age, six feet two inches in height, deep chest, heavy bone, erect, and when in health weighed from two hundred and seventy to two hundred and ninety pounds. He had drunk to excess for a number of years previous to January 29th, 1886, at which time he was stricken with hemiplegia, from which he gradually recovered in a few weeks, and had drunk no intoxicants since. Seven years ago he had a severe attack of acute rheumatism, but has no knowledge of any heart trouble. To use his own words "his physician has reduced him one hundred and seven pounds since the occurrence of the hemiplegia," and he now weighs one hundred and eighty pounds, but looks thin and emaciated, muscles wasted and flabby, appetite good, bowels inclined to be loose, urine normal in quantity, specific gravity one thousand and twenty-eight, high colored, and contains oxalate of lime in large quantities. Pulse ninety-six, temperature one hundred and one Fahrenheit, tongue red and smooth, but moist. A marked murmur heard with first sound of the heart, tenderness and increased area of dulness over spleen, liver seemed somewhat enlarged; but no history of jaundice, pain, tenderness, sensation of weight or fulness in the right side.

Without going into lengthy details of the symptoms that followed, which were those ordinarily seen in cirrhosis of the liver, I will simply say that I saw him from time to time until his death, which occurred August 4th; and the peculiarities were, a continuous *high temperature*, ranging from one hundred and one degrees to one hundred and four degrees, and a ravenous *appetite*, with no symptoms of indigestion. With a temperature of one hundred and three degrees, tongue red and glistening, as though entirely deprived of epithelium, he ate, and seemingly digested, three meals a day that would discount a lumberman up to within twenty-four hours of his death,

The autopsy showed a markedly cirrhotic liver weighing one hundred and nine ounces, spleen enlarged to fifty-five ounces with peritoneal adhesions over almost its entire surface, and on section of the organ numerous collections of yellowish color and almost cheesy consistence were found. There were numerous inflammatory deposits on the mitral valve, and a rupture of one of the chordæ tendineæ.

Lincoln, Neb. H. J. WINNETT.

THE CHAUTAUQUA CIRCLE.

Editors MEDICAL TIMES:

In reply to your favor of 18th inst., inquiring as to a Chautauqua method adapted to the medical profession, I would say that the great success attending the Chautauqua course is largely due to its non-sectarianism and the undeniable high authority of its text books. The required forty minutes a day reading, and the lighting of the path towards further research on subjects discussed, are features that cannot be dispensed with in a similar method.

Any plan suggested would undoubtedly bear modification after adoption, when experience should have pointed to a way in which it could be improved.

I think the point should be made that this is a review. Readers would meet with much that they already knew (members of State Boards of Medical Examiners might say, not *very* much). The idea would be to learn better what they do know, as well as to learn some things for the first time.

Short extracts from the seven fundamental studies should appear in each number.

Example, *Anatomy.* The skin and its appendages in a condensed form. Gray the text book. For supplementary reading, name eminent authorities, and monographs of those who have made the skin a special study. Note by the Editor giving recent discoveries, if any, relating to the skin; methods of studying the anatomy of the skin from life, etc.

Physiology.—Function ofthe skin condensed, text books, additional supplemental reading. Authors named, same as above. The same course pursued in all the studies that follow.

Materia Medica and Therapeutics.—Remedies used in skin diseases and their mode of action, etc.

Practice.—Skin diseases named, etc.

Surgery.—Superficial wounds and their treatment, etc.

Obstetrics.—Treatment of the newly born infant's skin, etc.

Chemistry of the skin, etc.

As often as possible a reported lecture or article from some of our eminent teachers on the current subject.

I would have all authorities quoted American, as far as possible. A question column on the current subjects.

A column for general questions for readers to seek information on cases in hand.

The editorial column would in addition to the above about fill a good-sized journal.

I would have the paper and type of good quality. I would not interleave with advertisements. I would never recommend a proprietory medicine, even if the formula was printed on the label.

This is but a superficial glance at what is to be done as I view it. How to select, how best to condense, so as to be understood, and what to select from the vast field of medical literature for condensation, is not my office. I leave that to those that are competent to perform it. In an enterprise of this kind it would be impossible to suit all, but I am well satisfied that a journal can be conducted on some such plan as the above that will meet the views of a great number.

As an adjunct to the journal a correspondence bureau might be established; those preferring could have their questions answered by mail or could receive a regular course of instruction on some branch or branches, paying for the same.

I would have no diplomas or certificates connected with this; the increase of their knowledge should be the only rewards of merit received by the readers.

St. Paul, Minn. CHAS. H. HOUPT.

[The adaptation of the Chautauqua system to the wants of the medical

profession has long been a subject of interest to us. To most of our readers, nothing of the sort is necessary. But how many young graduates find their knowledge perfect, when they begin active practice? Watching by the death-bed, far from the help of kindly professional friends, the enormous mass of what one does not know, weighs heavily on the illy-equipped physician. True, a post graduate course may remedy many deficiencies, but means are not always accessible for this purpose. If there be any way by which the great benefits of the Chautauqua Circles can be utilized by the medical profession, we will be glad to give our earnest support to the movement.

W. F. W.]

MISCELLANY.

OBITUARY NOTICES.

PROFESSOR ALONZO CLARK, M. D.

At his home, in New York, Alonzo Clark, M. D., for many years Professor of Pathology and of Practical Medicine in the College of Physicians and Surgeons, and President of the Faculty, died September 13th, 1887, in the 80th year of his age. Dr. Clark was graduated from Williams College, in 1828, and from the College of Physicians and Surgeons of New York in 1835. Shortly after his graduation he was appointed to the chair of Pathology and Materia Medica in the Vermont Medical College. Subsequently, on his removal to New York city, he was elected Professor of Physiology and Pathology in the College of Physicians and Surgeons, a chair which he occupied from 1848 to 1855. In 1853 he was made President of the New York State Medical Society. He was a valued contributor of many valuable articles to the medical press.

RICHARD QUAIN, M. D., F. R. C. S.

The eminent author of "Quain's Anatomy" and "Quain's Dictionary," we learn by the daily press, has died at his home in London, at the age of 71 years.

The Official List of Changes of Stations of the Navy and the Marine Hospital Department were received too late for insertion in this issue,

DIRECTORY OF PHILADELPHIA CLINICS.

[The following is an incomplete list of the daily clinical lectures in this city for October.—Eds.].

MONDAY.

9.30 A. M., Woman's Hospital, (Medical) Walker.
12 M., Med. Chi., (Medical) Waugh.
12 M., Orthopedic Hosp., (Medical) Sinkler.
12.30 P. M., Woman's Hosp., (Medical.)
1 P. M., Med. Chi., (Venereal) McConnell.
1 P. M., Jefferson, (Medical.) DaCosta.
1 P. M., University, (Ear) Strawbridge.
2 P. M., Wills' Hospital, (Eye) Norris, Harlan, McClure.
2.30 P. M., Phila. Hosp., (Nerve) Mills.

TUESDAY.

10 A. M., University, (Children's) Starr.
12 M., Med. Chi., (Children's) Atkinson.
12 M., (Orthopedic) Goodman.
12.30 P. M., Women's Hosp., (Gynæcology).
1 P. M., Med. Chi., (Gynæcology) Stewart.
1 P. M., University, (Skin) Stellwagen.
1 P. M., Jefferson, (Women and Children's) Parvin.
2 P. M., Wills' Hospital, (Eye Diseases) Goodman, Keyser, Strawbridge, Hall.

WEDNESDAY.

9 A. M., Philadelphia Hospital, (Women's).
10 A. M., Philadelphia Hospital, (Medical).
10 A. M., Penna. Hosp., (Medical) Meigs.
10 A.M., German Hospital, (Medical) Vogler.
11 A. M., German Hospital, (Surgical) Deaver.
11 A. M., Phila. Hosp., (Surgical).
11 A. M., Penna. Hosp., (Surgical) Morton.
12 M., University, (Women's).
12 M., Med. Chi., (Surgical) Pancoast and Stubbs.
12 M., Orthopedic, (Surgical) Mitchell.
12 P. M., University, (Surgical) Agnew.
12.30 P. M., Jefferson, (Surgical) S. W. Gross.
2 P. M., Wills' Hosp., (Eye) Harlan, Norris, McClure.

THURSDAY.

11 A. M., University, (Medical).
12 M., Med. Chi., (Genito-Urinary) Sudduth.
12.30 P. M., Women's Hosp., (Women's).
1 P. M., Med. Chi., (Surgical) Goodman.
1 P. M., University, (Eye) Norris, Risley.
1 P. M., Jefferson, (Medical) DaCosta.
2 P. M., Penna. Hosp., (Eye) Harlan.
2 P. M., Wills' Hosp., (Eye) Goodman, Keyser, Strawbridge, Hall.

FRIDAY.

11 A. M., Med. Chi., (Skin) Shoemaker.
12 M., Med. Chi., (Medical) Woodbury.
12 M., University, (Surgical).
12.30 P. M., (Women's) Surgical.
1 P. M., Jefferson, (Eye) Thompson.
1 P. M., Med. Chi., (Eye) Keyser.
1 P. M., University, (Nerve).
2 P. M., Wills', (Eye) Harlan, Norris, McClure.

SATURDAY.

9 A. M., Phila. Hospital, (Women's).
10 A. M., Phila. Hospital, (Medical).
10 A. M., Penna. Hosp., (Medical) DaCosta.
10 A. M., German Hospital, (Medical) Vogler.
11 A. M., German Hospital, (Surgical) Ferd. Gross.
11 A. M., Phila. Hosp., (Surgical).
11 A. M., Penna. Hospital, (Surgical) J. H. Packard.
12 M., Med. Chi., (Surgical) Garretson.
12 M., (Orthopedic) Hunt.
12 M., University, (Medical).
12.30 P. M., Jefferson, (Surgical).
2 P. M., Penna. Hosp., (Eye) Harlan.
2 P. M., Wills' Hosp., (Eye) Goodman, Keyser, Strawbridge and Hall.